



MELANOMA AND MELANOCYTIC NAEVI

CLINICAL AND PATHOLOGICAL RELEVANCE OF DRUG-INDUCED VITILIGO IN METASTATIC MELANOMA SETTING TREATED WITH ANTI-PD1 OR BRAF/MEK INHIBITORS

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INTRODUCTION: Vitiligo is a phenomenon associated to an immune response in melanoma patients. Current therapies for metastatic melanoma as anti-PD1 and BRAF/MEK inhibitors are responsible of a vitiligo induced by drugs supposed to be due to the signalling pathways shared with the regulatory systems of cutaneous homeostasis.

OBJECTIVES: First aim was to better define dermatologically this new entity that we called drug-induced vitiligo. The second purpose was to characterize the histological aspect and the third to assess the clinical course of the disease.

MATERIALS AND METHODS: Out of the total of stage III and IV melanoma patients who developed vitiligo we have selected 14 who were under immune or target therapy treatment. They were included in a prospective dataset including clinical data and vitiligo description according to European Guidelines. Histopathological features were assessed and the inflammatory infiltrate was compared.

RESULTS: Drug-induced vitiligo have been reported after a median time of 7.5 months from the beginning of immune or target therapy. According to the European Guidelines, the majority showed the non-segmental variant (10/14, 71.4%), followed by the segmental (3/14, 21.4%) and the mixed one (2/14, 14.3%).

The lesions appeared as speckled hypochromic macules confluent into patchy stains. A





clinical response was observed for the 50% of patients (4 with CR and 3 with PR), the 35.7% showed a condition of SD, one patient died after PD. Median survival from the appearance of vitiligo-like lesions was 23 months.

Histology of cutaneous metastases under treatment that developed depigmentation demonstrated dermal melanosis, while the vitiligo-like areas showed reduction of melanocytes.

CONCLUSION: The appearance of vitiligo-like lesions during treatment for metastatic melanoma has proven to be related not only to immunotherapy but also to targeted therapy and to be associated with better prognosis. Finally, their clinical characteristics are still different from the classical form.

