

SEVERE CASE OF IMMUNE CHECKPOINT INHIBITOR-RELATED GASTRITIS REFRACTORY TO TREATMENT

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Poster

Oesophagus

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A 42-year-old woman with locally advanced melanoma treated with nivolumab and nivolumab/ipilimumab developed multiple severe immune-related adverse events including rare immune checkpoint inhibitor-related gastritis, which proved refractory to corticosteroids, mycophenolate mofetil, and infliximab, ultimately leading to treatment discontinuation and patient death after brain metastasis development.

KEY POINTS

- The patient developed multiple concomitant immune-related adverse events including pancreatitis, colitis, hepatitis, thyroiditis, and immune checkpoint inhibitor-related gastritis, described as the most rare and most severe.
- After 16 doses of nivolumab, treatment was switched to combination nivolumab/ipilimumab due to melanoma progression.
- Sequential treatments with proton pump inhibitor plus methylprednisolone for 2 weeks, mycophenolate mofetil, and infliximab 5mg/kg showed no or only minor improvement, leading to definitive immunotherapy discontinuation.
- Despite multidisciplinary management including local radiotherapy, the patient developed brain metastasis and died shortly afterwards.
- This case is relevant for oncologists and gastroenterologists managing patients on immune checkpoint inhibitors who may encounter rare severe immune-related gastrointestinal adverse events.

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