CONTINUOUS VEDOLIZUMAB TREATMENT IN A RELAPSING IMMUNE-RELATED PANCOLITIS IN A PATIENT WITH RENAL CELL CARCINOMA: A CASE REPORT

Reneta Zhivkova

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A 41-year-old man developed severe immune-related pancolitis after dual immune checkpoint inhibitor therapy, requiring escalation from steroids to ongoing Vedolizumab maintenance for sustained remission after multiple relapses.

KEY POINTS

- The patient presented with abdominal pain and bloody diarrhea 40 days after dual ICI therapy for lymphogenic progression following partial nephrectomy, initially misdiagnosed as C.difficile colitis.
- Colonoscopy revealed severe ulcerative pancolitis; initial steroid therapy at 1 mg/kg achieved remission but relapse occurred during tapering, with only partial response to escalation to 2 mg/kg.
- Follow-up colonoscopy identified moderate pancolitis and a fistula 30 cm above the dentate line with surgical clips from nephrectomy not detected on MRI.
- Three infusions of Vedolizumab produced complete clinical response with diarrhea resolution and calprotectin normalization for three months, followed by another relapse requiring ongoing maintenance therapy.
- The authors note that immune-related colitis has an unpredictable course, not all patients benefit from induction therapy alone, and optimal duration of immunosuppression remains unclear.

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