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Summary

DELAYED-ONSET IMMUNE CHECKPOINT INHIBITOR RELATED ENTERITIS WITHOUT COLITIS: A CASE REPORT

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A case report describes late-onset immune-mediated enteritis occurring 18 months after starting Nivolumab maintenance monotherapy in a 66-year-old man with metastatic melanoma, requiring escalation from steroids to Infliximab for complete resolution.

KEY POINTS

- The patient presented with abdominal pain, peripheral edema, and watery diarrhea up to 10 times daily approximately 18 months after beginning Nivolumab monotherapy following initial dual ICI therapy with Ipilimumab and Nivolumab.
- Endoscopy revealed multiple deep ulcerations in the duodenum, proximal jejunum, and terminal ileum with no stomach or colon involvement; histology showed acute chronic small bowel inflammation with positive CMV-PCR but no neoplasms or granulomas.
- Initial treatment with parenteral nutrition and Valacyclovir showed no improvement; systemic steroids reduced bowel movements confirming immune-mediated disease, but grade 1 diarrhea and ulcers persisted at one-month follow-up.
- Second-line therapy with Infliximab achieved complete response after three infusions, allowing steroid taper and permanent cessation of Nivolumab.
- The authors note that while anti-PD-1 GI toxicities typically occur within three months of initiation, this case emphasizes the need for long-term surveillance to recognize late-onset immune-related enteritis.

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