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Summary

GASTRITIS ASSOCIATED WITH IMMUNE CHECKPOINT INHIBITORS: A NEW ENTITY TO CONSIDER

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Oesophagus

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A retrospective case study reports immune-related gastritis occurring one month after discontinuation of Nivolumab monotherapy in a patient with metastatic melanoma, with resolution following corticosteroid treatment.

KEY POINTS

- The study identified one case of immune-related gastritis in a 53-year-old female treated with Nivolumab monotherapy for three years for metastatic melanoma of the right nostril
- The patient developed nausea, post-prandial vomiting, loss of appetite, and weight loss requiring parenteral nutrition one month after stopping Nivolumab
- Gastroscopy revealed intensely edematous and hyperemic gastric mucosa with diffuse fibrin-covered erosions; histology showed superficial ulceration, intense acute and chronic inflammation, and destruction of gastric glands without Helicobacter Pylori infection
- Treatment with intravenous prednisone at 1 mg/kg/day followed by oral prednisolone taper over three months resulted in symptom resolution and endoscopic improvement
- The authors note that immune-related gastritis, first reported in 2017, does not respond to PPI treatment and requires corticosteroid therapy similar to other immune-related adverse events

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