Abstract / Povzetek predavanja

Pembrolizumab-induced enterocolitis – a clinical case

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INTRODUCTION

Immune checkpoint inhibitors have significantly improved the prognosis of certain cancers, but they may have diverse and significant side effects. Among the most common is immune-mediated colitis, and less commonly, extensive enteritis has been described (1,2).

CASE REPORT

A 51-year-old patient with two synchronous tumours (clear cell kidney carcinoma and invasive lung adenocarcinoma) on adjuvant pembrolizumab therapy (7 cycles) was hospitalised for severe diarrhoea, diffuse abdominal pain and bloating. Laboratory findings were elevated CRP (8 mg/l), fecal calprotectin (582 µg/g) and serum lipase (12.89 µkat/l). Microbiological causes of diarrhoea were excluded. Endoscopy confirmed erosive rectosigmoiditis (image 1). Histologically most likely diagnosis was immune-mediated colitis. We started empirical treatment with mesalazine and budesonide. Because of the elevated serum lipase, we performed an abdominal CT scan, which showed diffuse inflammatory changes of the small bowel (mainly ileum) without dilatation and no changes in the pancreas (image 2). We concluded that elevated serum lipase was due to intestinal inflammation and not pancreatic involvement. Because of concomitant enteritis, budesonide was replaced by methylprednisolone. There was a marked clinical improvement after 24 hours of treatment. The patient continued out-patient treatment in accordance with the treating oncologist.

DISCUSSION AND CONCLUSION

Immune-mediated colitis, which can occur from a few weeks to a few months after the first immunotherapy administration, is the most common form of gastrointestinal involvement due to immunotherapy (2). In our patient, pembrolizumab caused extensive enteritis in addition to colitis, manifested by diarrhoea, marked flatulence and elevated serum lipase, and he responded very well to systemic corticosteroid treatment. If diarrhoea recurs during dose reduction or after discontinuation of methylprednisolone, he is candidate for biologic therapy (3).

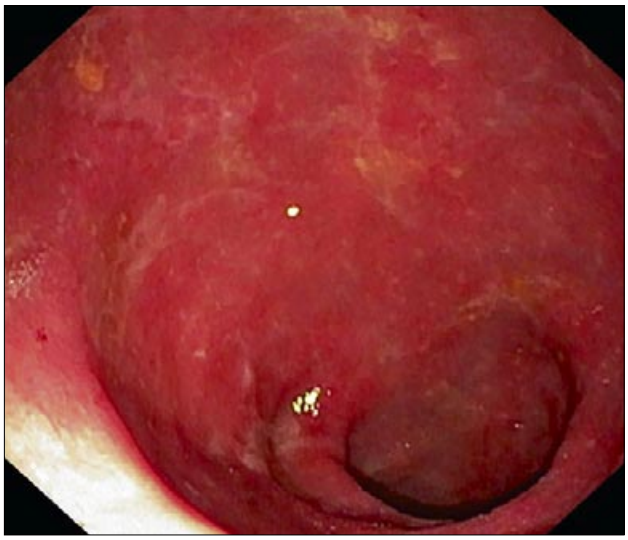

Image 1: Colonoscopy confirming erosive rectosigmoiditis

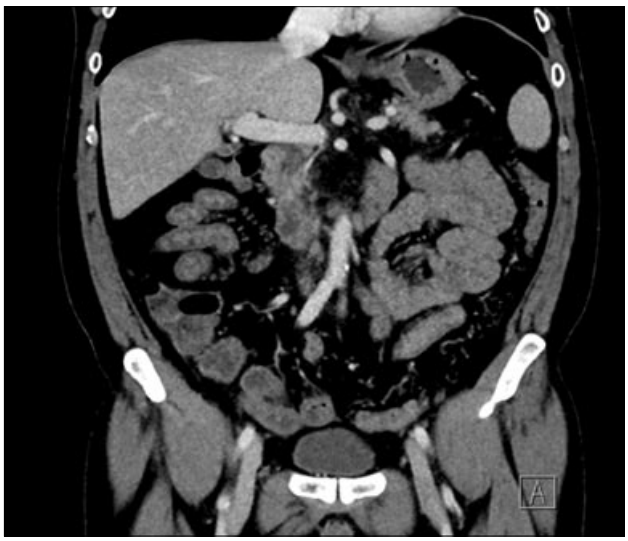

Image 2: Diffuse inflammatory changes in the small bowel on CT

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