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CYTOSTATICS

DISSEMINATED INTRAVASCULAR COAGULATION AFTER PD-1 BLOCKADE WITH NIVOLUMAB IN ADVANCED MELANOMA: A CASE REPORT

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BACKGROUND: Nivolumab is a programmed death receptor-1(PD-1) blocking antibody with anti tumour activity in melanoma. Only few studies investigate the relatioship between immune checkpoint inhibitors (ICIs) and disorders of coagulation-fibrinolysis system

OBJECTIVE: to report a case of disseminated intravascular coagulation (dic) in metastatic melanoma patient treated with nivolumab

MATERIAL AND METHODS

- 50 years old female relapsed melanoma
- Nivolumab 240mg/14 days, 14 cycles
- Greater tumour partial response
- Last cycles: asthenia and thrombocytopenia: STOP NIVOLUMAB

HOSPITAL ADMISSION DUE TO PROBABLE DIC AS irAE

LABORATORY TEST ON ADMISSION

- Grade III thrombocytopenia
- Disordered coagulation: 35 mg/dl fibrinogen, 75468 ng/ml D-dimer

VIRUS AND BACTERIA SCREENING

- PCR SARS coronavirus screening and blood test for micobacteria negative

RESULTS

- Treatment: Fibrinogen, gamma globulins, fresh frozen plasma and platelet trasfusión
- Infliximab anf methylprednisolone
- No evidence of tumoral progression or signs of infection
- Negative clinical evolution → Death due to cerebral haemorrhage

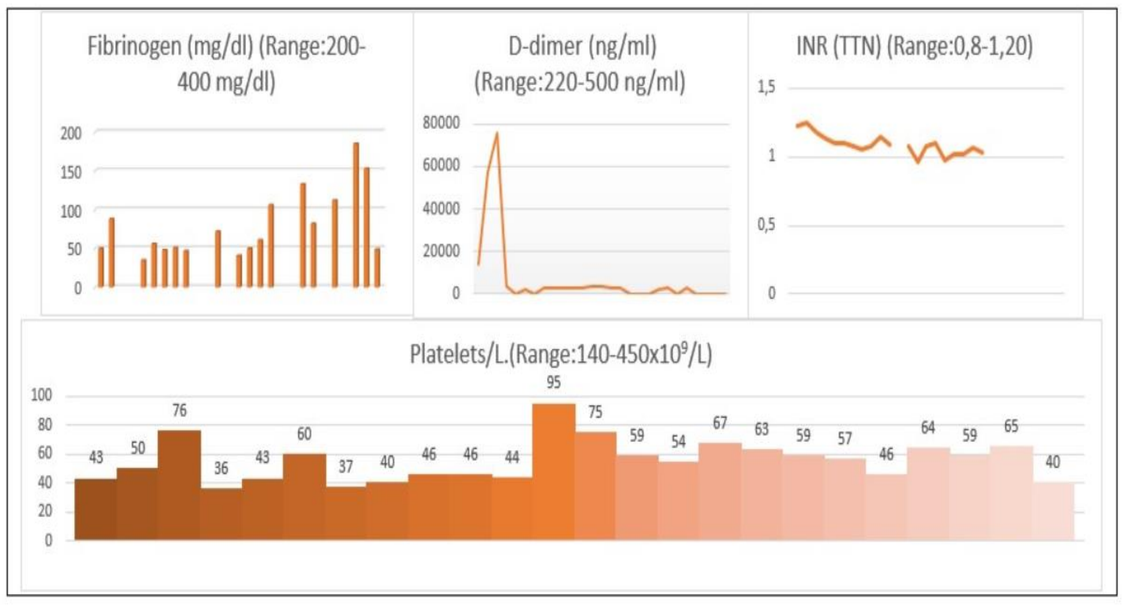

FIGURE 1: Evolution of the monitored parameters during hospital admission

CONCLUSION AND RELEVANCE

This case report suggest a direct relationship between immunotherapy and disorder coagulation events, however, this cannot always be demostrated but the diagnosis is made by exclusión. Therefore, extensive research in relation to haematological IrAEs and ICIs are necessary. Clinicians need to be rather carefull during ICIs treatment due to ICI associated haematological IrAEs.