A case of ipilimumab-induced colitis refractory to treatment

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Renal and Melanoma Unit
Melanoma History

- Male 57 years old

- **Mar 2010:** Melanoma excised from upper back. 1.9mm Breslow. Clarke’s level 4. No ulceration. 5 mitoses/mm². Clear margins. BRAF mutation negative

- **Jan 2012:** Relapse in left axilla. 3/31 lymph nodes positive

- **Oct 2013:** Surveillance CT scan: deposit of melanoma left anterior chest wall and deep right posterior paraspinal muscles

- **Nov 2013:** Started on DTIC

- **Feb 2014:** PD after 4 cycles
– **Mar 14:** Started on ipilimumab 3mg/kg

– **After 2nd cycle:** grade 3 diarrhoea with abdominal cramps x 3 days

– Admitted to local hospital. Initially treated with **oral** loperamide and **prednisolone 40mg od**. No improvement in diarrhoea after 2 days. Switched to **IV methylprednisolone 1mg/kg od**

– Sigmoidoscopy: **moderate active colitis** (biopsies)

– Diarrhoea improved to grade 2 after 4 days of IV steroids. Discharged with oral prednisolone 40mg od
Assessment at RMH: Grade 2 diarrhoea not improved 2 days after discharge

Admission at RMH: Nil by mouth, IV fluids, IV hydrocortisone 100mg qds, stools microbiology

No improvement in diarrhoea after 48 hours. Severe abdominal pain. CT scan rules out bowel perforation

Infliximab 400mg. Significant improvement. IV hydrocortisone switched to oral prednisolone 60 mg od. Discharged after 7 days.
- Re-admitted 4 days after discharge with grade 3 diarrhoea and abdominal pain

- Oral prednisolone switched back to **IV hydrocortisone 100mg qds.** New dose of **infliximab 400mg.** New stools microbiology.

- No improvement. **IV hydrocortisone escalated to 200mg qds.** 3rd dose of **infliximab 400mg.** New colonoscopy and biopsies: mild active colitis.

- Rapid deterioration and dyspnoea. Chest X-Ray: extensive consolidation URL and LLL. **Opportunistic infection?**

- CT scan: SD. Confirmation of chest X-ray findings (opportunistic infection. PCP?)
Outcome

- Patient too ill for bronchoscopy

- Started on broad spectrum antibiotics and caspofungin

- TB spot negative. Serum galactomannan Ag and Beta-glucan test positive. *Suggestive of aspergillus infection.*

- No clinical improvement. Increasing oxygen requirements. Transferred to ICU.

- Patient died after 2 months as an inpatient.

- Sputum sample: *Aspergillus fumigatus*