

A case of ipilimumab-induced colitis refractory to treatment



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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

Colitis



- **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

Colitis



- 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.

Colitis



- 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 fumigatis**