



## 2021 Annual Spring Virtual Meeting | Abstract Submission

### **Paraneoplastic Pemphigus (PNP)-like Immune Checkpoint-related Adverse Effect (IRAE)**

David Salomonsky, BS; Cameron Nichols, MD; FNU Nutan, MD

*Virginia Commonwealth University School of Medicine, Department of Dermatology*

A 54-year-old female with metastatic anal mucosal melanoma treated with immune checkpoint inhibitor (ICI) therapy (Nivolumab and Ipilimumab) presented with a rapidly developing, worsening rash that was unresponsive to antimicrobials. Physical exam revealed: erosions and crusting of the lips; erythematous papules and plaques involving most of the trunk, proximal thighs and groin, with some admixed bullae and erosions mainly involving the thighs. She also had few targetoid papules on hips and hands. The distal portion of the lower extremities had many sharply demarcated erythematous plaques with silvery scale.

Given her history of malignancy and characteristic mucosal and acral involvement in addition to diffuse bullae, a clinical diagnosis of paraneoplastic pemphigus (PNP) was considered.<sup>2</sup> Skin biopsy from the proximal thigh revealed full-thickness epidermal necrosis without acantholysis with negative direct and indirect immunofluorescence (DIF and IIF). Hence the rash was determined to likely be a severe cutaneous adverse reaction (SCAR) to her ICI. The patient began treatment with IV Methylprednisolone before switching to a prolonged oral Prednisone taper with improvement of cutaneous lesions.

We report a case of a dermatologic IRAE to an ICI, mimicking PNP clinically. Various morphologies of cutaneous IRAE have been described to date and this case helps to further delineate the diversity of potential reactions.<sup>1,3-6</sup> We believe the quick recognition of these types of reactions is vital to treat potentially life-threatening skin reactions, but also to maintain the integrity of cancer treatment in patients receiving immune checkpoint therapy.