



2021 Annual Spring Virtual Meeting | Abstract Submission

Toxic epidermal necrolysis (TEN) with combination therapy of ipilimumab and nivolumab in a patient with metastatic melanoma: a case report

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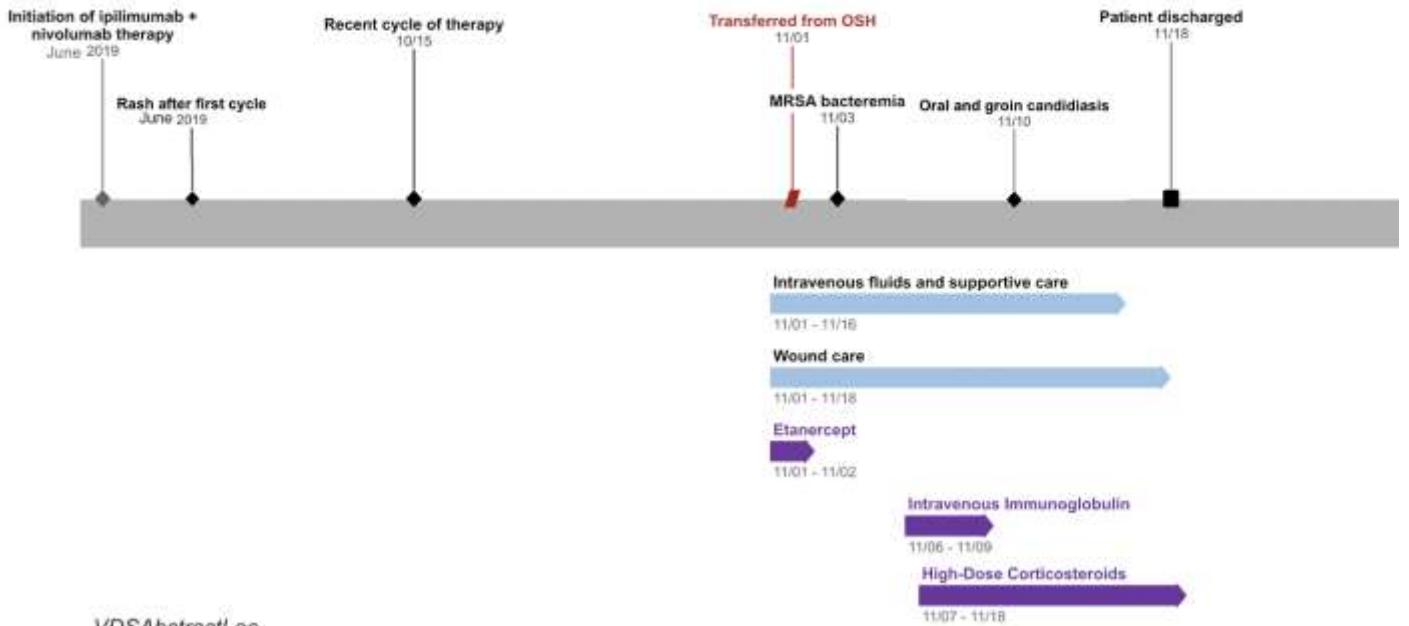
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The combination therapy of the immune checkpoint inhibitors, ipilimumab and nivolumab, may have improved survival outcomes, but it is associated with higher risk for cutaneous toxicities^{1,2}. We describe a case of 62-year-old White man with stage 4 metastatic melanoma with brain metastasis who was directly transferred to the intensive care unit from an outside hospital for management of acute widespread rash on day 17 after last cycle of ipilimumab and nivolumab. Of note, he developed eczema on his limb after the first cycle approximately 5 months prior, which resolved with corticosteroids. On initial examination, the patient was hemodynamically stable and had diffuse erythema and desquamation on the neck, chest, back, abdomen, upper extremities, and face with periocular hemorrhagic crusting. Scattered bullae and erosions were noted on abdomen, distal upper extremities, proximal thighs, genitalia, and distal lower extremities with positive Nikolsky sign. There were fissures of the lips without oral cavity involvement. Labs were significant for elevated blood urea nitrogen. The diagnosis of toxic epidermal necrolysis was supported by biopsy of the right hand demonstrating full thickness necrosis and lichenoid interface dermatitis with frequent necrotic keratinocytes. Etanercept was initiated then discontinued due to MRSA bacteremia on hospital day 3. The patient gradually improved with antibiotics, intravenous immunoglobulin, and corticosteroids, and was discharged on hospital day 18. It is not unusual to develop TEN after months on checkpoint inhibitor therapy. It is also important for dermatologists to follow any rash from these medications due to the risk for future development of TEN.



Figure 1. (A) Skin photograph of diffuse erythema and epidermal detachment on the back. (B) Scattered erosions with positive Nikolsky sign on the lower limb.

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Figure 2. Clinical timeline of this case report.

¹ Kooshkaki O, Derakhshani A, Hosseinkhani N, Torabi M, et al. Combination of Ipilimumab and Nivolumab in Cancers: From Clinical Practice to Ongoing Clinical Trials. *Int J Mol Sci.* 2020; 21(12):4427.

² Logan IT, Zaman S, Hussein L, Perrett CM. Combination therapy of ipilimumab and nivolumab-associated toxic epidermal necrolysis (TEN) in a patient with metastatic melanoma: a case report and literature review. *J Immunother.* 2020; 43:89-92