


The positive significance of skin complications after immunotherapy

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Figure 1. Vitiligo-like lesions caused by immunotherapy in a patient with advanced melanoma

Immunotherapy with PD-1 inhibitors, such as checkpoint inhibitors targeting the programmed cell death 1 receptor (PD-1), is one of the main systemic treatments for metastatic melanoma. The axis of PD-1 and its ligand, PD-L1, acts as a negative regulator of the immune response, preventing auto-immune reactions by inhibiting T-cell proliferation, activation, and functional efficacy [1]. The immune-related side effects of PD-1 inhibitors include, among others, skin reactions [2]. We present the case of a 62-year-old woman with malignant

melanoma of the torso (with a current BRAF gene mutation in codon V600). In 2017, she underwent primary lesion removal with wide margins and sentinel lymph node excision. Three years later, she underwent lymphadenectomy of the right axillary lymph node metastasis. She also received the BRAF/MEK inhibitors due to mediastinal lymph node metastasis, which resulted in disease progression. Immunotherapy with a PD-1 inhibitor, nivolumab, led to improvement. Based on the improvement and at the patient's request, a decision was made to discontinue treatment in October 2021. The patient has been regularly monitored without tumor progression. In 2023, 2 years after treatment discontinuation, she developed vitiligo patches on the skin (Fig. 1). The appearance of secondary vitiligo patches two years after discontinuing immunotherapy indicates that heightened immune activation has been maintained. From the perspective of treating the underlying disease, this is a favorable sign, indicating the continued efficacy of the therapy [2].

References

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