

Title:

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Immune-mediated colitis secondary to treatment with nivolumab-ipilimumab in a patient with stage IV kidney cancer: what to do when corticosteroids fail?

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52-year-old male. The patient had a stage IV renal carcinoma with bone metastases. He started first-line treatment with nivolumab (3 mg/kg) associated with ipilimumab (1 mg/kg). After two cycles of treatment, the patient reported hemorrhagic diarrhoea (7 to 10 stools daily), with visceral nociceptive abdominal pain of moderate intensity and oral intolerance. Pulses of methylprednisolone (125 mg iv every 24 hours for 3 days) were administered. Despite treatment, the patient did not experience clinical improvement. A colonoscopy was performed, which revealed a diffusely affected, congestive, and friable mucosa with the presence of ulcerations and fibrin exudate (Figures 1, 2, and 3). Due to refractoriness to treatment with corticosteroids, it was decided to administer infliximab (5 mg/kg) with a single dose as recommended by the current scientific evidence^{1,2,3}. The patient experienced significant clinical improvement. As it was a grade 3 immune-mediated event, it was decided to suspend immunotherapy.

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Figure 1. Colorectal mucosa diffusely affected, congestive and friable mucosa with the presence of ulcerations.

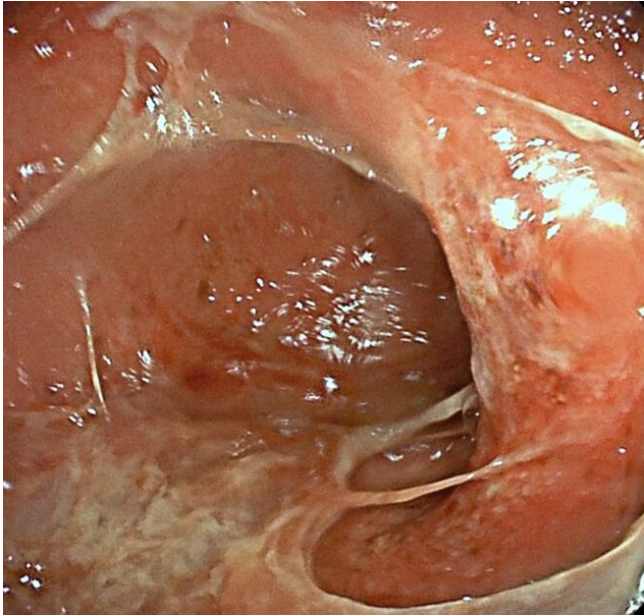


Figure 2. Colorectal mucosa with ulcerations and fibrin exudate.



Figure 3. Colorectal mucosa with ulcerations and fibrin exudate