中文題目:Ipilimumab 和 Nivolumab 聯合治療膀胱癌導致泛腦垂腺功能不足 英文題目:Panhypopituitarism induced by ipilimumab and nivolumab combination treatment for bladder cancer

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Introduction: Immune checkpoint inhibitors (ICI) are an important component of cancer treatment and have been shown to improve the survival rate in several forms of cancer. ICIs are associated with a range of immune-related adverse events (irAE). Immune-related endocrinopathies are a challenge because of nonspecific symptoms and potentially life-threatening sequelae if not recognized in time.

Case presentation: A 71-year-old man with bladder cancer who treated with anti-CTLA4 and anti-PD1 combination therapy in a clinical trial. He was admitted due to epigastric pain for 2 days. Peptic ulcer was diagnosed after esophagogastroduodenoscopy (EGD). Rapid onset of shock and low grade fever occurred 3 days after EGD. Hypovolemia or cardiogenic shock were excluded after biochemical tests and echocardiogram. Profound shock occurred even after empiric antibiotic administration, fluid resuscitation and vasopressors. We suspected adrenal insufficiency after excluded common etiologies of shock, and a few doses of hydrocortisone quickly ameliorate shock then. Further hormone examination confirmed panhypopituitarism.

Discussion: Since the first ICI was approved by the FDA in 2011, ICI therapy has completely transformed the treatment of cancer. Although immunotherapy does not have the traditional side effects of chemotherapy, a range of rare and serious irAEs have been observed. In clinical trials, a series of endocrinopathies were discovered, including hypophysitis, primary thyroid dysfunction, and even T1DM. Despite the immune-related endocrinopathies could be effective treatment with hormonal replacement, non-specific symptoms make diagnosis a challenge. It is important for general practioners to recognize common and serious irAEs related to ICIs.

Conclusion: With the wide usage of ICIs in multiple types of malignancies, knowledge of these drugs and associated side effects is critical for good practice.