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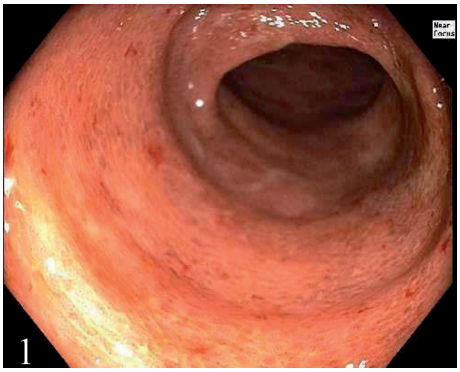
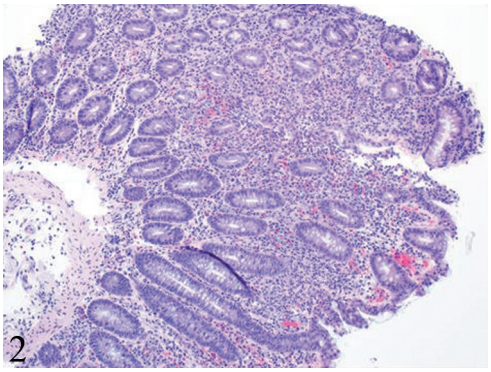
Infliximab Therapy for Corticosteroid-Resistant Ipilimumab-Induced Colitis

Poonam Beniwal-Patel[1], Kristina Matkowskyj[2], Freddy Caldera[1]

1) Department of Gastroenterology & Hepatology, University of Wisconsin School of Medicine & Public Health; 2) Department of Pathology & Laboratory Medicine, University of Wisconsin Hospitals & Clinics, Madison, WI, USA





A 56 year old man presenting with stage III melanoma was treated with ipilimumab therapy. After his second cycle of ipilimumab he developed severe abdominal cramping and non-bloody diarrhea. Colonoscopy revealed diffuse moderate inflammation (erosions, erythema, granularity, loss of vascularity) from transverse colon to the rectum (Fig. 1). Biopsy results revealed colonic mucosa with patchy, lymphoplasmacytic infiltrate within the lamina propria, cryptitis, apoptotic bodies, and damaged surface epithelium (Fig. 2).

He was treated with intravenous corticosteroids followed by prednisone 60 mg daily for ipilimumab-induced colitis. His symptoms persisted; therefore a single dose of infliximab 5 mg/kg was given. He clinically responded to infliximab and was able to be tapered off prednisone.

Ipilimumab is an anticytotoxic T-lymphocyte antigen-4 antibody, FDA approved for unresectable or metastatic melanoma. Ipilimumab-induced colitis is well recognized and can present 5-10 weeks after an infusion. Presenting symptoms include diarrhea, abdominal pain, hematochezia, ileus, and bowel perforation.

In patients in whom disease proves steroid refractory, treatment with infliximab is recommended [1]. Ipilimumab activates T cells and the production of cytokines; infliximab counters this by suppression of cytokines interleukin 1 and 6. In patients in whom symptoms resolve after infliximab, steroids should be tapered over 45-60 days. If patients flare during the taper, a re-taper of steroids [2] or another dose of infliximab may be required [3].

Given the widespread use of ipilimumab and the high rates of ipilimumab-induced colitis, it is important for gastroenterologists to understand the role infliximab plays in the treatment of steroid-refractory cases.

Corresponding author: Poonam Beniwal-Patel,
pbeniwal-patel@uwhealth.org

Conflicts of interest: None to declare.

REFERENCES

1. Merrill SP, Reynolds P, Kalra A, Biehl J, Vandivier RW, Mueller SW. Early administration of infliximab for severe ipilimumab-related diarrhea in a critically ill patient. Ann Pharmacother 2014; 48: 806-810. doi: 10.1177/1060028014528152
2. Weber JS, Kähler KC, Hauschild A. Management of immune-related adverse events and kinetics of response with ipiliumab. J Clin Oncol 2012; 30: 2691-2697. doi: 10.1200/JCO.2012.41.6750
3. Johnston RL, Lutzky J, Chodhry A, Barkin JS. Cytotoxic T-lymphocyte-associated antigen 4 antibody-induced colitis and its management with infliximab. Dig Dis Sci 2009; 54: 2538-2540. doi: 10.1007/s10620-008-0641-z