



12/11/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Dr. Eamonn Maher (@RashDecisionz) Case Discussants: Dr. Steven Chen (@DrStevenTChen)

CC: 68 yo M with multiple eruptive nodules on trunk and extremities.

HPI: Patient developed a unilateral kidney mass new mass identified on L-kidney, cryoablation w/ radiologic improvement. However, it recurred again. He was treated with Axitinib (VEGf inhibitor) and pembrolizumab, which caused improvement.

He spends a lot of time in Florida, where he developed a burning pain in mouth, accompanied by rash in shins with red papules. A biopsy of lesions revealed dermal neutrophilic infiltrate without ulceration, perivascular inflammation without necrosis → diagnosed with **stomatitis caused by immunotherapy-induced Behcet's**. CBC normal and Cr.

Returned to Minnesota, due to **lack of Behcet's symptoms**, immunotherapy was continued. Rash resolved. Stomatitis controlled with mouth washes. Regimen continued for several months without issues.

Patient developed **eruptive nodules (10 total)**, which were biopsied (*biopsy #1*).

Patient treated with topical 5-FU. Morphology of lesions had progressed (*biopsy # 2*).

PMH: Hyperlipidemia. RCC treated with total nephrectomy (appeared as a unilateral mass on left kidney)

Fam & Social Hx: unremarkable

Health-Related Behaviors: none

Allergies:

Exam:
First lesions description: scaly, ranging in size, eroded in surface, 2 cms in size. One in right sole of the foot, with central ulceration.



Second lesions description: Large ulcerated plaques from 7-15 cms, overlaying scaly crust.



Notable Labs, Imaging & Biopsies:
Biopsy # 1 description: pseudo epithelium hyperplasia, inflammatory infiltrates, islands of keratinocytes. Patchy lymphocytic infiltrate. Atypical squamous proliferation.

Biopsy #2 description: Infiltrate of lichenoid eruption. Orthokeratosis, epidermal hyperplasia with hypergranulosis, occasional junction keratinocytes. Infiltrate with eosinophils. Epidermis is separating from the dermis accompanied by hemorrhage.



Started on Isotretinoin. Patient had a positive outcome.
Dx: ICI hypertrophic lichen planus.

Problem Representation: 68 yoM w/ a PMH of RCC a few years ago w/ recurrence, and treated w/ Axitinib (a VEGF inhibitor) and Pembrolizumab (ICI), p/w multiple eruptive nodules on his trunk and extremities.

Teaching Points (Tansu):
Eruptive nodules: Time course, tempo, distribution, associated symptoms, pattern [papulonecrotic tuberculid, sporotrichoid pattern (Tularemia, Mycobacteria)], CT disease. Recent sick contacts, family hx? // PMH of RCC: 1) Cancer itself 2) metastatic spread 3) Paraneoplastic process (e.g. sweet syndrome) 4) Treatment complications.

- Immune checkpoint inhibitors (ICIs) are utilized for various types of cancers. But these ICIs may cause immune-related adverse events (irAEs).
- IrAEs can affect multiple organs (skin, thyroid, adrenals, pituitary, GI, liver, and lungs). **Cutaneous irAEs are the m.c. and first to develop.** e.g. Lichen sclerosus (LS) and lichen planus (LP) are two irAEs. → occur in a subset of patients.

Histological fts of hyperkeratotic lichen planus may resemble that of SCC.

- **Cutaneous irAEs** include a diverse group of inflammatory rxns. M.C. subtypes: maculopapular (MP) rash, pruritus, psoriasiform/lichenoid eruptions. Cutaneous irAEs **occur early** (MP rash presents w/in the first 6 wks after the initial ICI dose).

- **Lichenoid drug rxn:** Like lichen planus (5Ps-pink/purple, polygonal, pruritic, papules) m.c. @ volar wrists.

- **PD-1 inhibitor induced keratoacanthomas** is an irAE, which are graded 1-5: Grade 1 does not necessitate the cessation of the drug. Discontinuation of immunotherapy with grade 4 rash and above.

- **Tx or lichenoid eruptions:** Topical steroids under occlusion. Intralesional steroids. Prednisone (m.c.), MTX, retinoids, biologics (tocilizumab if IL-6 is elevated).

- Refer to dermatology early and often.
- Don't use the word maculopapular too loosely.
- Keratoacanthomas w/ BRAF inhibitors m.c.