

Fulminant liver failure caused by dual Immunotherapy for Malignant Melanoma

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Immunotherapy is a new and emerging treatment for solid tumors. Randomized controlled trials resulting in significant increases in survival and disease free periods have been reported.



(Nivolumab and ipilimumab have been recently determined to be an effective combination to increase progression-free survival time in metastatic melanoma)

Increasing toxicity has been reported secondary to immunotherapy including immune colitis, kidney failure and hepatotoxicity.

We report a case of fulminant hepatic failure secondary to dual immunotherapy which did not respond to steroids.

Conclusions: It is important to look for immune mediated organ damage in patients undergoing immunotherapy for solid tumors. Early intervention with high dose steroids or TNF inhibitors may reverse damage in some cases.

70 year old male with malignant melanoma on Nivolumab and Ipilimumab sent in for abnormal Liver function tests. Started on high dose iv steroids for immunotherapy induced hepatitis. Liver function improved. Discharged to rehab on high dose oral prednisone.

Readmitted 1 week later with fever and confusion. Found to be in acute fulminant liver failure. Continued to worsen despite high dose iv steroids, treatment of presumed sepsis and supportive care.

Family requested a palliative consult and comfort measures. Patient expired in the hospital.

