Immune checkpoint inhibitors are pioneering treatments revolutionizing oncology.

However, they can lead to a spectrum of immune-related adverse events (irAEs), ranging from mild symptoms to life-threatening conditions, thereby requiring personalized and frequently intensive immunosuppressive interventions.



Pembrolizumab-Induced Myasthenic Syndrome and Inflammatory Myositis with Concomitant Acute Respiratory Failure

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Clinical Scenario

- A 64-year-old female with history of stage IIIC mismatch repair deficient endometrial cancer s/p total abdominal hysterectomy with b/l salpingo-oophorectomy received one cycle of carboplatin, paclitaxel, and pembrolizumab (Keytruda®).
- She presented with right eye ptosis, dysphonia, dysphagia, dyspnea, and severe muscle weakness with proximal worse than distal.

Hospital Course

- Patient was diagnosed with myasthenia-like syndrome and idiopathic inflammatory myositis, resulting in subsequent acute respiratory failure requiring intubation, and druginduced liver injury.
- She received pyridostigmine (5/22-5/24), IVIG (5/16-5/20),
 IV steroids (pulse 1 g daily x3 doses, followed by taper), and plasmapheresis (x7 cycles from 6/24-7/4).
- Given persistent dysphagia, patient received PEG tube insertion (6/14) and tracheostomy (7/4). She was weaned to T-piece (AM) and BiPAP (PM) on discharge.

Significant Labs and Imaging

WBC	1.6 (L)
Hemoglobin	11.0 (L)
Platelet	149 (L)
AST	1416 (H)
ALT	651 (H)
CK	17502 (H)
Myasthenia Gravis Panel	Negative
Acetylcholine Receptor Ab Panel	Negative
MuSK Ab Panel	Negative
Ganglioside Ab Panel	Negative
Extended Myositis Ab Panel	Negative



Discussion

- **High Mortality**: Studies indicate that irAEs associated with respiratory paralysis can be fatal, with a mortality rate of up to 50%.
- **Effective Treatment**: Administering pulse steroids, IVIG, and plasmapheresis has demonstrated significant improvement in our patient's oxygen requirements and avoiding mortality.
- **Crucial Role**: Immunosuppression plays a pivotal role in irAEs treatments, despite unclear pathophysiology. Notably, typical antibodies for conditions like MG and myositis were absent.
- Consider Rituximab: It is a potential treatment option due to its ability to deplete B-cell populations and reduce antibody production.

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Disclosures

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