中文題目：與 **Nivolumab** 有關的周邊型脊椎關節炎：案例報告

英文題目：**Nivolumab-related Peripheral Spondyloarthritis: a case report**

作　　者：高立宇[1]，陳瓏方[2]

服務單位：台北市立萬芳醫院內科部[1]，台北市立萬芳醫院內科部過敏免疫風濕科[2]

Background: In patients with preexisting autoimmune diseases, immune checkpoint inhibitors (ICIs) use for cancer may inadvertently cause recurrences. We presented a case with fever, arthritis and skin eruptions after Nivolumab use, an anti-PD-1 monoclonal antibody.

Case Presentation: A 65-year-old man was evaluated for fever with left knee septic arthritis. He has a history of hypertension, diabetes mellitus, scalp psoriasis that spontaneously recovered, alcoholic cirrhosis and hepatocellular carcinoma. Twenty days prior to this admission, the patient received Nivolumab. Sudden onset left knee painful swelling pain and fever occurred 10 days prior to admission, and joint fluid culture grew *Klebsiella pneumonia*. His septic arthritis subsided after ciprofloxacin therapy, but right knee painful swelling with fever occurred 1 week later. Joint fluid from right knee and blood were sterile repeatedly, and right knee arthritis persisted despite antibiotic use. Itchy rashes over bilateral knee and scalp emerged, raising the suspicion of ICI-related adverse events. We started prednisolone 50mg daily with prompt response, but fever and rash recurred and worsened after tapering prednisolone (Figure, left). He did not report symptoms of inflammatory low back pain, nor enthesitis, dactylitis or uveitis. Anti-nuclear antibody, anti-ENA (anti-extractable nuclear antigen), rheumatoid factor, HLA-B27 and serum IgG were all normal, but slightly elevated IgA level was noted. Peripheral spondyloarthritis was suspected, based on the presence of right knee aseptic arthritis, prior psoriasis and recent *K. pneumonia* infection. We administered etoricoxib, with dramatic fever and right knee pain improvement 1 day later, followed by steroid tapering and withhold within 1 week, without fever recurrence. We further initiated methotrexate but switched to sulfasalazine due to abnormal liver function. His psoriasis gradually improved without phototherapy or topical steroid use, and completely recovered 3 months later (Figure, right).

Conclusion:

Nivolumab can induce reactivation of previously remitted psoriasis and spondyloarthritis in treated patients. In this case, the right knee aseptic arthritis improved after steroid, non-steroidal anti-inflammatory drug, and sulfasalazine use. Interestingly, his psoriasis spontaneously resolved without treatment during follow up.