

Hyperprogression after nivolumab for the treatment of melanoma



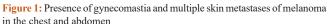




Figure 2: Infiltration by melanoma of the entire thoracoabdominal wall

We report a 84-year-old man with stage IIIC melanoma: T3b, N0, M0 (American Joint Committee on Cancer, AJCC8) and BRAF +, who was treated with vemurafenib followed by nivolumab due to progressive cutaneous and subcutaneous disease [Figure 1]. The patient initially responded to our treatment, but after some months, he presented with disease hyperprogression infiltrating the entire thoracoabdominal wall [Figure 2] and finally succumbed to it.

Checkpoint inhibitors are effective therapeutic options for melanoma. However, a subset of patients presents with hyperprogressive disease on continuous use of anti-programmed cell death-1 agents, similar to our case.

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Declaration of patient consent

The patient's consent is not required as the patient's identity is not disclosed or compromised.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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