

A Case of Immune Checkpoint Inhibitor-related Sclerosing Cholangitis Successfully Treated by Endoscopic Biliary Drainage

Yuji HIROTA¹, Atsushi FUKUNAGA¹, Kazuhide TAKATA¹,
Tomotaka HIGASHI¹, Takashi AOYAMA², Rintaro ON²,
Hiroyuki HAYASHI³, Keisuke MATSUMOTO¹, Takahiro NAGATA¹,
Shuichi HIMENO¹, Takanori KITAGUCHI¹, Ryo YAMAUCHI¹,
Hiromi FUKUDA¹, Kaoru UMEDA¹, Takahiko KOGA¹,
Naoaki TSUCHIYA¹, Takashi TANAKA¹, Yusuke ISHIDA¹,
Keiji YOKOYAMA¹, Satoshi SHAKADO¹, Fumihito HIRAI¹

¹) *Department of Gastroenterology and Medicine, Faculty of Medicine, Fukuoka University*

²) *Department of Respiratory Medicine, Faculty of Medicine, Fukuoka University*

³) *Department of Pathology, Faculty of Medicine, Fukuoka University*

Abstract

We herein report a case of immune checkpoint inhibitor (ICI)-related sclerosing cholangitis in a 59-year-old man. The patient presented to our gastroenterology hospital with a fever and elevated hepatobiliary enzyme levels during maintenance therapy with pembrolizumab for squamous cell carcinoma of the lung. Since imaging studies showed diffuse thickening of the extrahepatic bile duct wall and central bile duct dilatation, and autoimmune bile duct disease and neoplastic disease were ruled out, the diagnosis of ICI-related sclerosing cholangitis was made. The therapeutic effect of steroids and mycophenolate mofetil was limited, however, endoscopic biliary drainage was effective. In recent years, the number of case reports of ICI-associated sclerosing cholangitis has increased due to the spread of ICI therapy. When cholestatic liver injury appears during ICI treatment, clinicians should be aware of the possibility of ICI-related sclerosing cholangitis and closely collaborate with specialized clinical departments to provide the optimal care and treatment.

Key words: ICI-related sclerosing cholangitis, Pembrolizumab, endoscopic biliary drainage