Cholangioscopic appearance of circular folds in immune-related adverse event cholangitis

Immune checkpoint inhibitors (ICIs) are increasingly being used for various indications in cancer. However, because they affect the immune system, their use may lead to immune-related adverse events (IRAEs). The use of nivolumab is associated with the IRAE cholangitis, which has no established countermeasures [1]. The cholangioscopic findings of cholangitis are nonspecific and include erosion, ulceration, and hemorrhage [2, 3]. We report a case of cholangitis showing circular folds on cholangioscopy.

A 68-year-old woman developed fever and elevated hepatobiliary enzymes 2 months after starting pembrolizumab treatment for lung cancer. Computed tomography and endoscopic ultrasonography showed dilation and diffuse thickening of the common bile duct (CBD) (▶ Fig. 1). Magnetic resonance cholangiography showed CBD dilation without intrahepatic bile duct dilation (▶ Fig. 2). Cholangiography showed dilation and shaggy appearance of the CBD (▶ Fig. 3). Cholangioscopy revealed red, edematous circular folds with hemispherical protruberances in the CBD (▶ Video 1). The pathological analysis of the CBD indicated lymphocytic and eosinophilic infiltration below the bile duct epithelium. CD4+ and CD8+ lymphocytes were seen in similar frequencies (▶ Fig. 4). She was diagnosed with cholangitis and treated with 0.8 mg/kg/day prednisolone on day 15 after symptom onset. Thereafter, the fever and elevated hepatobiliary enzymes rapidly improved.

Notably, cholangitis may be confused with ICI-related liver injury, making diagnosis difficult based on imaging findings alone. In our patient, cholangioscopy indicated edematous circular folds of the CBD mucous membrane, and cholangiography revealed a shaggy CBD wall. Bile duct wall thickening suggests abnormal lymphocytic infiltration. In patients who develop bile duct dilation with thickness on computed tomography and/or endoscopic ultrasonography after ICI treatment, cholangioscopy with biopsy and
CD4/8 staining may be helpful for the early diagnosis of cholangitis.

Endoscopy_UCTN_Code_CCL_1AZ_2AZ

Competing interests

The authors declare that they have no conflict of interest.

The authors

Ko Tomishima, Shigeto Ishii, Toshio Fujisawa, Satoshi Sakuma, Yusuke Takasaki, Koichi Ito, Hiroyuki Isayama
Department of Gastroenterology, Graduate School of Medicine, Juntendo University, Tokyo, Japan

Corresponding author

Hiroyuki Isayama, MD, PhD
Department of Gastroenterology, Graduate School of Medicine, Juntendo University, 2-1-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
h-isayama@juntendo.ac.jp

References


Bibliography

Endoscopy
DOI 10.1055/a-1756-4388
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany