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Authors: Luis Gorospe, Ana María Ayala-Carbonero, María Eugenia Olmedo-García, Ana Gómez-Rueda, Magda Palka, Laura Mezquita, Pilar Garrido-López



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**Nivolumab-induced pneumonitis complicated by cyst formation**

Luis Gorospe, MD

Ana María Ayala-Carbonero, MD

María Eugenia Olmedo-García, MD

Ana Gómez-Rueda, MD

Magda Palka, MD

Laura Mezquita, MD

Pilar Garrido-López, MD

*Ramón y Cajal University Hospital*

*Madrid, Spain*

*To the Editor:*

A 60-year-old ex-smoker woman with stage IV lung adenocarcinoma (Fig. 1) presented to our hospital with a 4-week history of progressive exertional dyspnea and non-productive cough. The patient had been a healthy woman until she was diagnosed with metastatic KRAS-mutant lung cancer that was initially treated with two lines of systemic chemotherapy. Since the patient experienced progressive disease, she was then offered a compassionate (according to the Spanish expanded access program) use of nivolumab (3 mg/kg every 2 weeks) 6 months prior to her current presentation, achieving an excellent partial response (RECIST 1.1). She denied any fever, chest pain, orthopnea or hemoptysis, but was in mild respiratory distress (oxygen saturation at rest 93%), and crackles could be heard in both lung bases. Serum procalcitonin was not increased and the patient had a normal total leukocyte count. A chest radiograph showed multiple bilateral opacities, and a presumptive diagnosis of pneumonia was thus suspected, but the patient did not improve following treatment with several antibiotics.

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