



A case report of ascending aortic aneurysm secondary to immunotherapy induced aortitis

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Abstract

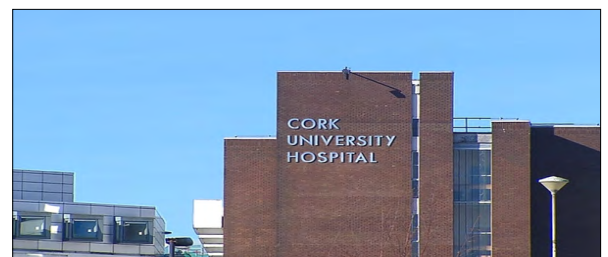
Background: Aortitis is the term used to describe inflammation of the aorta. A wide variety of causes has been documented; classification of which is simply divided into infectious and non-infectious causes. The former includes syphilis, TB and HIV, while the latter encompasses inflammatory conditions such as rheumatoid arthritis, vasculitic conditions and radiotherapy. Monoclonal antibodies (MABs) are implemented in cancer treatment and some are known to have adverse cardiac effects. However, aortitis is a rare condition and rarer still in the setting of MAB treatment.

Case: An 82-year old gentleman with a background of atrial fibrillation, polymyalgia rheumatica, and previously treated colorectal and prostate cancer, was undergoing surveillance for a 5cm ascending aortic aneurysm, stable in size for two years. He underwent pembrolizumab therapy for a metastatic melanoma. During this period, it was found that the aneurysm had expanded by 3cm in a three-month period. He was therefore admitted for urgent aortic aneurysm repair. Histological examination of the aorta revealed aortitis. Given the correlation with pembrolizumab treatment and the rapid expansion of the previously stable aneurysm, it is likely that the rapid expansion of the aneurysm was likely secondary to aortitis induced by the immune checkpoint inhibitor.

Conclusion: Treatment-induced aortitis is exceedingly rare but should be considered in the MAB-treatment.

Biography

Shane Ahern is a graduate from University College Cork. It is the university in which he is completing his Masters in Surgical Science. He began his surgical training in Cork University Hospital. Since then he moved to paediatric Orthopaedic and cardiothoracic surgery.



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