

## Hyperprogression after nivolumab for the treatment of melanoma



**Figure 1:** Presence of gynecomastia and multiple skin metastases of melanoma in the chest and abdomen



**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.

**How to cite this article:** Perea Polak A, Martínez García S, Godoy Díaz DJ. Hyperprogression after nivolumab for the treatment of melanoma. *Indian J Dermatol Venereol Leprol* 2023;89:616–7.

**Received:** February, 2021 **Accepted:** October, 2021 **Epub Ahead of Print:** February, 2022 **Published:** June, 2023

**DOI:** 10.25259/IJDVL\_160\_2021 **PMID:** 35593296

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

**Declaration of patient consent**

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

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

*Alexandra Perea Polak, Silvestre Martínez García, Daniel Jesus Godoy Díaz*

Department of Dermatology, Hospital Regional Universitario de Málaga, Plaza Hospital Civil, Málaga, Spain

**Corresponding author:**

Dr. Alexandra Perea Polak,

Department of Dermatology, Hospital Regional Universitario de Málaga, Plaza Hospital Civil, Málaga, Spain.

a.pereapolak@hotmail.com