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ABSTRACTS

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A False Alarm of COVID-19 Pneumonia in Lung Cancer:
A Case Report of Anti-PD-1 Related Pneumonitis



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Introduction: The inhibition of immune checkpoint therapy emerged as the novel treatment in advanced lung cancer, including anti-programmed death 1 (PD-1)/programmed death ligand 1 (PD-L1) antibodies. The fatal toxicity of anti-PD-1/PD-L1 agents is pneumonitis, which is defined as a noninfectious inflammation to the lung parenchyma. The diagnosis of pneumonitis consists of the history of immunotherapy, clinical symptoms and presentation of computed tomography (CT) imaging. The typical CT findings include ground-glass opacities. Based on the similar radiographic feature with 2019 Novel Coronavirus (COVID-19) pneumonia, clinicians are cautious to evaluate diagnosis especially in COVID-19 epidemic areas. **Methods:** Herein we report a 67-year-old male patient with advanced non-small cell lung cancer developed pneumonitis post 10 cycles of Sintilimab injection. The dyspnea appeared at the 15th day of close contact with his son who returned from Wuhan, but not accompanied with fever. The chest CT (Fig. 1A) indicated peripherally subpleural lattice opacities at the inferior right lung lobe and bilateral thoracic infarction. The complete blood count showed increased white blood cell (WBC) and neutrophilic granulocyte with concurrent decreased lymphocyte. The C reaction protein (CRP) level was high with normal value of procalcitonin. As suspect of COVID-19 infection, the patient was treated in isolation ward and real-time reverse-transcription polymerase-chain-reaction (RT-PCR) from double swab samples within 72 hours remained negative. No pathogen was found from sputum culture. The patient was thereafter treated the daily dose of 80 mg prednisolone and meropenem for 7 days. At the third day post treatment, the chest CT (Fig. 1B) showed attenuated inflammatory lesion. The daily dose of prednisolone was stepwise reduced to 40mg for 7 days and then minimally 20mg. Secondary to 7 days of piperacillin tazobactam injection, the chest CT (Fig. 1C) demonstrated the former lesion almost absorbed, in line with prominently falling CRP level.



Fig.1. The images of chest CT before and after treatments.

Results: The anti-PD-1 related pneumonitis with bacterial infection was diagnosed finally based on the clinical evidence and good response to the prednisolone and antibiotics. **Conclusion:** Both anti-PD-1 related pneumonitis and COVID-19 pneumonia harbor the common clinical symptom and the varied features of CT imaging. Differential diagnosis was based on the epidemiological and immunotherapy histories, RT-PCR tests. The response to glucocorticoid can indirectly

help the diagnosis. **Keywords:** COVID-19, Immunotherapy, pneumonitis

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