Severe Acute Kidney Injury Following Triple Therapy for Metastatic Melanoma: To Biopsy or Not to Biopsy?

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ABSTRACT

Recent therapeutic advancements have improved the overall survival of patients with advanced melanoma. Triple combination therapy with PL-1/PD-L1, BRAF, and MEK inhibitors has become one of the most preferred treatment strategies for this patient population, but it is not without adverse events. In this case report, we describe a patient with metastatic BRAF-positive melanoma who was treated with pembrolizumab, encorafenib, and binimetinib. The patient subsequently developed rhabdomyolysis complicated by distributive shock and acute renal failure requiring renal replacement therapy. A kidney biopsy was performed, which revealed primarily myoglobin nephropathy with background patchy acute tubulointerstitial nephritis (ATIN). Corticosteroids were initiated and renal recovery soon followed. Without the kidney biopsy, the ATIN would not have been discovered and the patient would not have received steroidal therapy; however, it is difficult to say what contribution, if any, they played in the patient’s recovery. This case demonstrates the controversial role of the kidney biopsy in the setting of triple combination therapy and AKI. We argue that the kidney biopsy helped to objectively establish the etiologies of the multifactorial AKI, rule-out other causes, and helped to guide treatment and prognosis.