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## ERUPTIVE KERATOACANTHOMAS SECONDARY TO NIVOLUMAB THERAPY

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**Background** Immune checkpoint inhibitors are increasingly being utilized for the treatment of advanced neoplastic disease and have been associated with wide-ranging cutaneous adverse effects.<sup>1–8</sup> We detail a case of numerous eruptive keratoacanthomas arising in a patient one month after initiation of nivolumab for recurrent metastatic oropharyngeal squamous cell carcinoma.

**Methods** Treatment with multiple rounds of intralesional corticosteroids and a several month course of oral acitretin resulted in partial improvement. Subsequent treatment with intralesional 5-fluorouracil demonstrated near complete resolution of the keratoacanthomas without discontinuation of nivolumab.

**Results** Eruptive keratoacanthoma remains an exceptionally rare cutaneous adverse effect of ICI therapy, with 22 reported cases of keratoacanthoma resulting from PD-1/PD-L1 inhibitor use. Most of these were treated successfully with topical and intralesional corticosteroids, excision, or cryotherapy.

**Conclusions** Although eruptive keratoacanthomas secondary to immune checkpoint inhibitors is exceptionally rare, physicians should be aware of this cutaneous adverse effect as their use becomes more widespread. With appropriate treatment, symptoms can be managed without discontinuation of immunotherapy.

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