syndrome and multiorgan failure occurred. Respiratory support and ionotropic agents were started in the intensive care unit. The diagnostic suspicion of atypical incomplete KD, non-coronary involvement, was confirmed and treatment was switched to intravenous immunoglobulin 2 g/kg/day, acetylsalicylic acid 30 mg/kg/day and methylprednisolone infusion until the day of discharge. On illness day 10, laboratory blood tests showed progressive reduction in inflammation markers and rapid normalisation of liver enzymes (lipase 1824, amylase 502, declining leucocytes 8.57, Hb 12, negative CRP). Because of the uncertainty about the cause, anti-S-specific IgG antibodies to SARS-CoV-2 were measured. Serology testing for SARS-Cov-2 revealed IgG antibody concentrations. On day 12 of the illness, she was discharged.

Conclusion and relevance It is known that SARS-CoV-2 infection can activate uncontrolled inflammation. Cases are being informally reported among paediatricians, and recently patients with severe forms have been reported, emphasising the apparent rise in the number of children presenting with a multisystem inflammatory state requiring intensive care. The connection between viral infections and KD, the analogies between the two conditions, open new perspectives with regard to aetiopathogenesis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-264 AUTOIMMUNE MYOPATHY RESULTING FROM A THERAPY WITH NIVOLUMAB FOR METASTATIC NON-SMALL CELL LUNG CANCER: A CASE REPORT

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Background and importance Immune checkpoint inhibitors, such as the anti-PD1 monoclonal antibody nivolumab, have proven efficacy as first or secondline therapy for several tumours. Specific immune related adverse effects (IRAE) involving various organs have been reported and are considered to be caused by immune over activation. IRAE involving the nervous system or muscle are rare, but some are serious and may have fatal outcomes if they are not monitored.

Aim and objectives We report a case of autoimmune myopathy following treatment with nivolumab for metastatic non-small cell lung cancer.

Material and methods This was a descriptive and retrospective clinical case. Data were obtained by review of the electronic medical records. The causality of the adverse reaction was established using the Karch–Lasagna algorithm.

Results A 70-year-old man was followed by the oncology service for a stage-IV lung adenocarcinoma. He received treatment with carboplatin, AUC=5/pemetrexed 500 mg/m^2, from January to May 2017. He then carried on with pemetrexed as maintenance for 12 cycles. Disease progression was determined by imaging tests. In February 2018, nivolumab was started as secondline treatment with laboratory parameters in the normal range and was well tolerated at first. After cycle 10, the patient had right knee swelling which decreased after local dexamethasone infiltration. He then had pain in his legs (cycle 14), and later there was weakness present with a sustained effort in these muscle groups. After cycle 18, treatment was interrupted and blood tests ordered. Blood analysis showed increased levels of creatine kinase (CK) (1950 U/L, normal <200), C reactive protein 52.9 mg/mL (0–5.0) and normal levels of anti-cyclic citrullinated peptide 9.9 U/mL (0–20). The patient received intravenous methylprednisolone 1 g for 2 days, leading to improved CK levels and the pain disappeared. He started docetaxel 75 mg/m^2 without suffering from myopathy again. The Karch–Lasagna algorithm established a 'possible' relationship between myopathy and nivolumab treatment due to the existence of a temporal correlation between the facts.

Conclusion and relevance Health professionals must be vigilant in identifying drug related adverse reactions, particularly those related to drugs on the European list of medicinal products under additional monitoring. Myopathy has been reported in patients receiving nivolumab, and consequently patients should be monitored for changes in muscle function, and other causes of dysfunction should be excluded.

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4CPS-265 CEMIPLIMAB FOR THE TREATMENT OF RELAPSE OF A CUTANEOUS SQUAMOUS CELL CARCINOMA IN AN ADULT PATIENT: A CASE REPORT

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Background and importance Cutaneous squamous cell carcinoma (CSCC) is the second most common skin cancer. Risk factors for CSCC include chronic sun exposure, advanced age, skin that is sensitive to ultraviolet radiation and immunosuppression. Patients who have undergone solid organ transplantation and are receiving immunosuppressive therapy have a high risk of CSCC, which suggests that immune surveillance is critical for preventing CSCC in immunocompetent people. Immune checkpoint inhibitors, such as the anti-PD1 monoclonal antibody cemiplimab, have proven efficacy as firstline therapy for the treatment of adult patients with metastatic or locally advanced CSCC, who are not candidates for curative surgery or radiation.

Aim and objectives We report a case of a patient with CSCC treated with cemiplimab.

Material and methods This was an observational retrospective study of the use of cemiplimab in a 66-year-old man diagnosed with CSCC. Data were obtained from the electronic medical records.

Results The patient was diagnosed with nose CSCC in May 2019 and had other comorbidities: B cell chronic lymphocytic leukaemia (B-CLL), hypothyroidism and atrial fibrillation. This CSCC was resected completely in June 2019, but a CT scan in December 2019 revealed minimal but progressive splenomegaly and supraclavicular lymphadenopathy and a posterior biopsy confirmed CSCC. Other abnormal adenopathies were observed (posterior cervical and axilla likely in relation to B-CLL). He started cemiplimab 350 mg every cycle (21 day cycles) on 6 February 2020. After six cycles, repeat CT scan showed an increase in the size of the supraclavicular