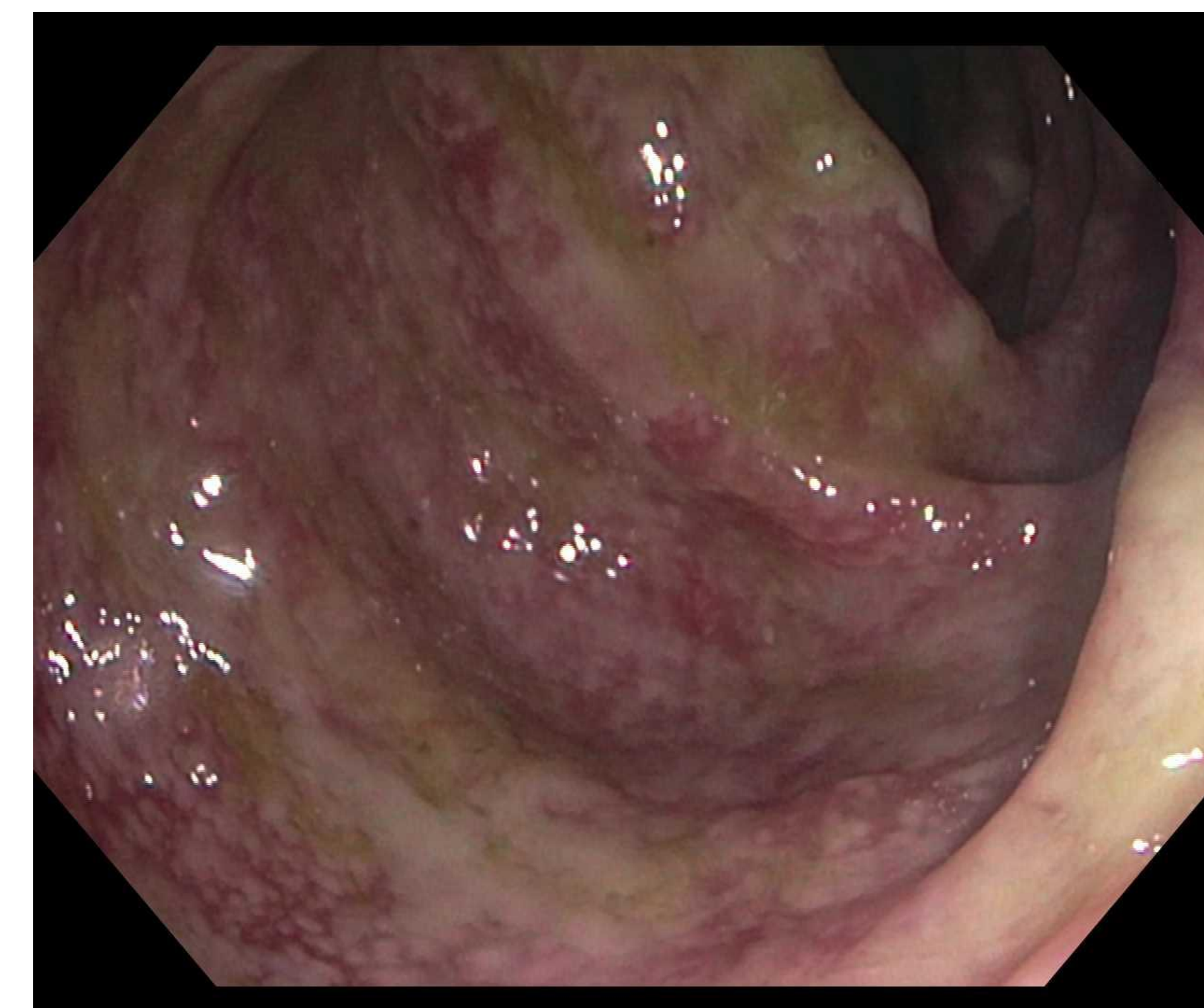
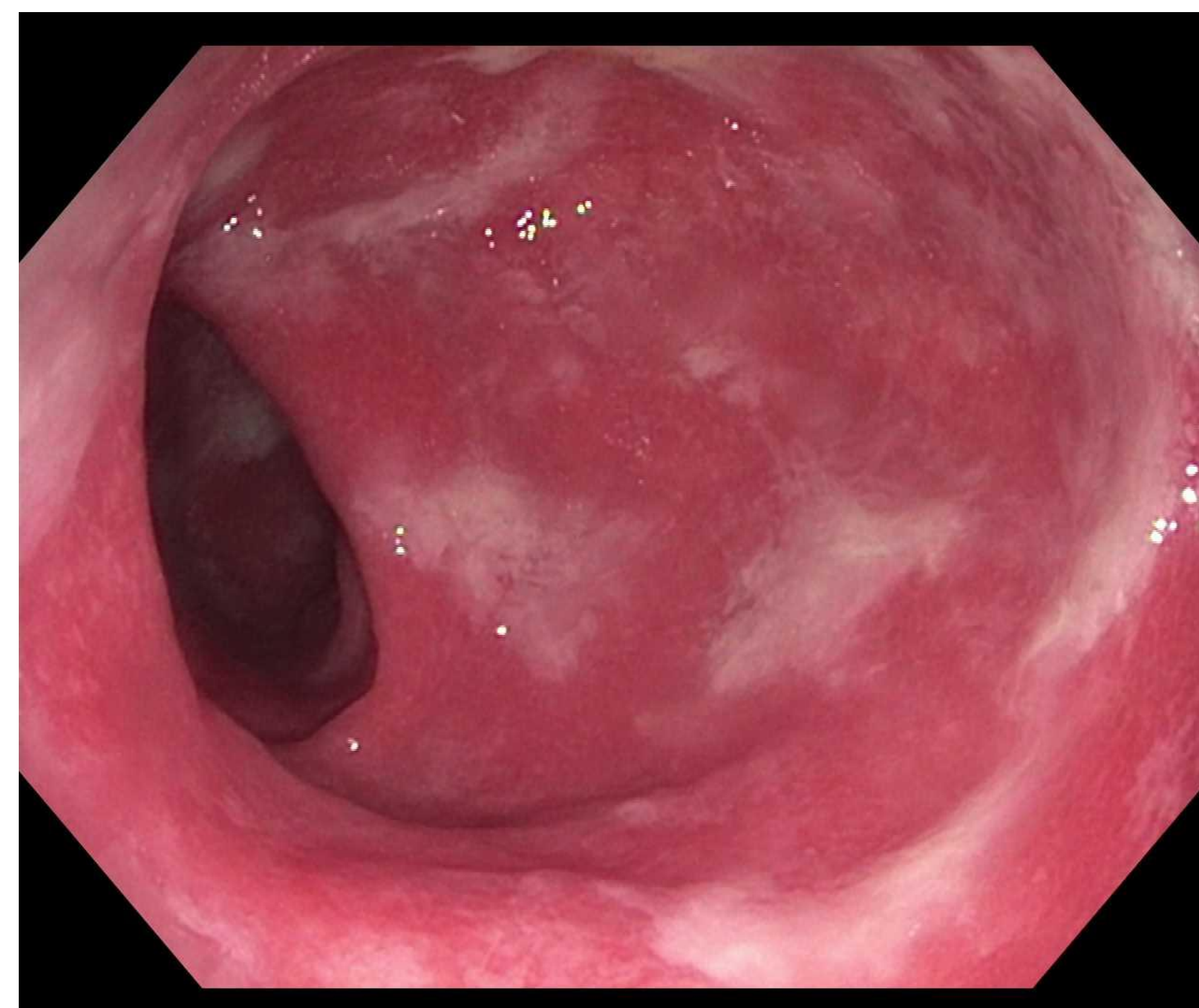


Background

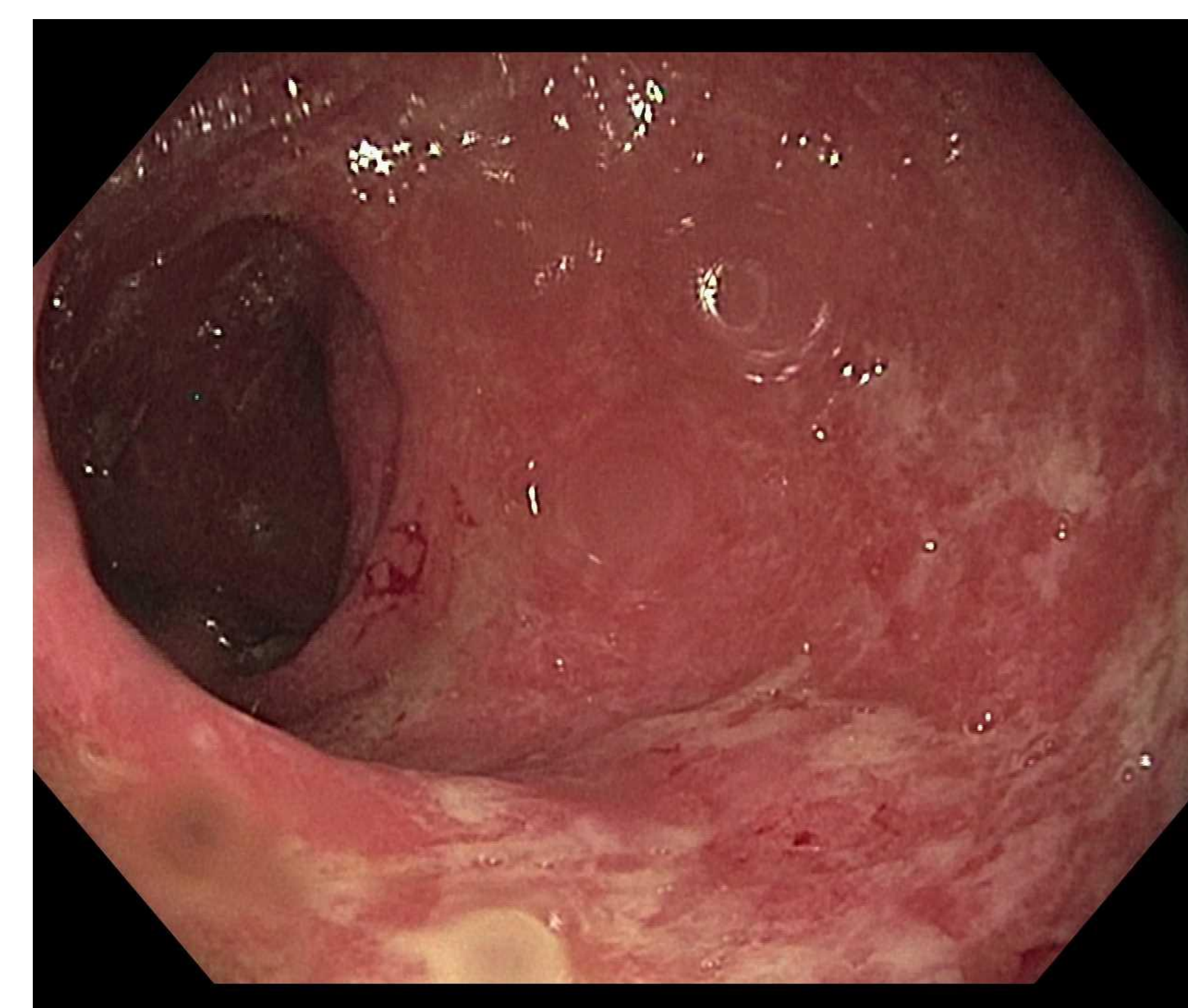
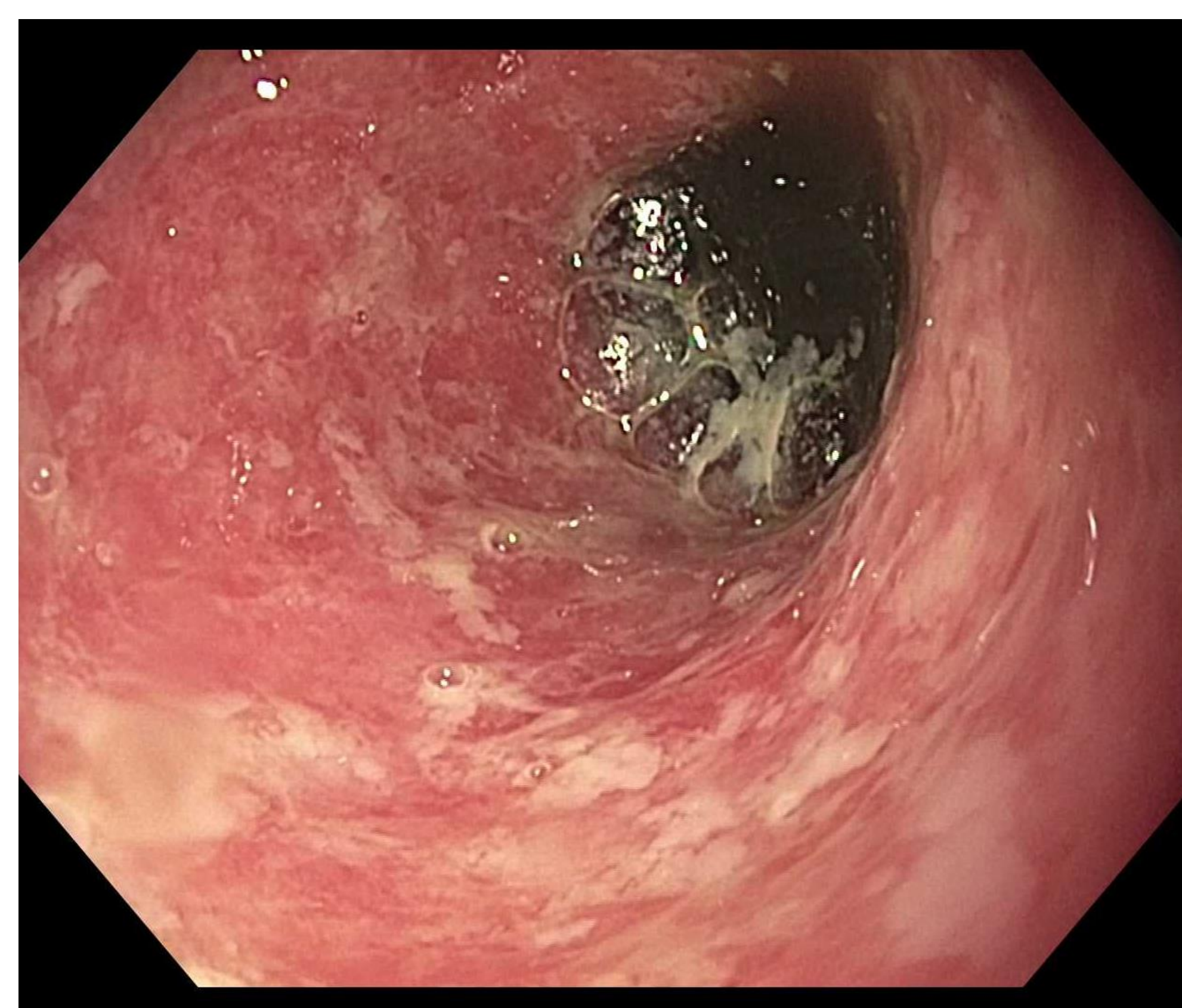
- Immune checkpoint inhibitor (ICI) colitis is a complication of novel antineoplastics.
- Herein we present a rare case of steroid and infliximab refractory ICI colitis complicated by concurrent *Clostridioides difficile* infection (CDI).

Initial Presentation

- Outpatient Course:
 - 59-year-old female with past medical history of metastatic stage IV non-small cell lung cancer treated with pembrolizumab presented with 10 non-bloody diarrhea episodes per day
 - PCR + for CDI
 - Failure to improve on Vancomycin
- Inpatient Course
 - CT A/P: acute proctocolitis from rectum to cecum
 - Colonoscopy: severe pan colonic inflammation, ulcerations in the terminal ileum
 - Biopsy: active colitis
- Diagnosis: Grade 3 ICI colitis
- Treatment: High-dose steroids followed by Infliximab



Colonoscopy: Rectum (left) Transverse colon (right) with congestion, loss of vasculature pattern, and friability



Flexible Sigmoidoscopy: Rectosigmoid junction (left) Transverse colon (right) with diffuse moderately erythematous mucosa with erosions

Subsequent Presentation

- Outpatient Course:
 - Recurrent diarrhea one month after discharge
 - PCR + for CDI
 - Again, failed to improve on Vancomycin
- Inpatient Course:
 - Flexible sigmoidoscopy: active colitis, no obvious pseudomembranes
 - Biopsy: Suggestive of ICI colitis
- Diagnosis: Steroid and Infliximab refractory ICI colitis complicated by recurrent CDI
- Treatment: Fidaxomicin, High-dose steroids, Vedolizumab

Discussion

- Immune Checkpoint Inhibitor Colitis treatment by classification:
 - Grade 1: Supportive care
 - Grades 3-4: hospitalization, IV fluid resuscitation, systemic steroids
 - Steroid refractory: Infliximab
 - Infliximab refractory: Vedolizumab
- Antineoplastic agents increase risk for CDI
 - Fecal microbiota transplantation has been described as a successful treatment option for ICI colitis with superimposed CDI resistant to antibiotics, steroids, IFX, and vedolizumab.