

Gilteritinib-induced severe immune-related enteritis: a possible case report

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Abstract

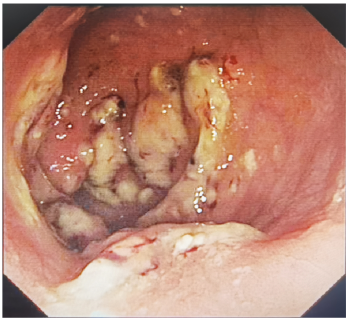
This case report describes a 49-year-old woman who diagnosed with acute myeloid leukaemia (AML) harbouring FMS-like tyrosine kinase 3 (FLT3) mutations developed a severe suspected immune-related enteritis during treatment with gilteritinib for maintenance therapy following allo-hematopoietic stem cell transplantation (HSCT). According to the results of Naranjo probability scale, gilteritinib was defined as a ‘possible’ cause of the adverse drug reaction (ADR). Another suspicious inducement, graft-versus-host disease (GVHD), can not be eluted might represent a limitation in this case. To the best of our knowledge, this is the first report on gilteritinib-induced severe enteritis, and will help physicians to keep vigilant, and detect and deal with timely for the possible ADR.

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case report.doc available at <https://authorea.com/users/502118/articles/582301-gilteritinib-induced-severe-immune-related-enteritis-a-possible-case-report>

Sep					Oct	Nov																									
26	27	28	29	30	1-31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22				
Gilteritinib po 80mg qd																															
Valaciclovir po 0.6g bid																															
Posaconazole po 200mg tid																															
Ursodeoxycholic acid po 0.25g qd																															
CstA po 50mg bid																															
Trimethoprim/Sulfamethoxazole po 0.48g bid (three consecutive days per week)																															
					Eramsylate ivgtt 1g qd						Eramsylate ivgtt 1g qd																				
											Lyophilizing thrombin powder po 2000IU qid																				
					Moxifloxacin po 0.4g qd																										
											Methylprednisolone iv 40mg qd											iv 30mg qd				po 24mg qd					

A



B

