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**Immunoglobulin G4 associated autoimmune cholangitis and pancreatitis and nivolumab**

Joob B *et al.* IgG4, cholangitis and pancreatitis and nivolumab

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**Abstract**

This letter to editor discussing on the publication on immunoglobulin G4 associated autoimmune cholangitis and pancreatitis following the administration of nivolumab. Concerns on confounding factors are raised and discussed.

**Key Words:** Immunoglobulin G4; autoimmune; Cholangitis; Pancreatitis; Nivolumab

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**Core Tip:** This letter to editor discussing on the publication on immunoglobulin G4 associated autoimmune cholangitis and pancreatitis following the administration of nivolumab. Concerns on confounding factors are raised and discussed.

**TO THE EDITOR**

We would like to share ideas on the publication “Immunoglobulin G4 associated autoimmune cholangitis and pancreatitis following the administration of nivolumab: A case report.” In a patient who had nivolumab treatment for anal squamous cell carcinoma, Agrawal *et al*[1] documented a case of immune-related pancreatitis and cholangiopathy. The patient's IgG4 Levels were normal at the time of presentation[1]. Nivolumab was probably what caused this case of IgG4-related cholangitis and pancreatitis, according to Agrawal *et al*[1].

We both believe that the clinical problem in this case may be related to the nivolumab. Recognizing the potential confounding impact of co-morbidity is necessary, though. For instance, a parasite infection may be the primary cause of pancreatitis and cholangitis in a tropical environment. For a conclusive diagnosis, a thorough study is required to rule out all alternative options[2]. It is challenging to draw a firm judgment without knowing the case's health or immune status prior to the injection of nivolumab.

In conclusion, IgG4-related cholangitis and pancreatitis developed after the administration of nivolumab, according to a case report that was mentioned. Nivolumab may have generated IgG4 Linked cholangitis and pancreatitis based on time course, however even pathologic evidence cannot prove the participation of IgG4-associated cholangitis and pancreatitis and nivolumab. In order to get a firm diagnosis, all potential treatments for comorbidities must be ruled out.

**REFERENCES**

1 **Agrawal R**, Guzman G, Karimi S, Giulianotti PC, Lora AJM, Jain S, Khan M, Boulay BR, Chen Y. Immunoglobulin G4 associated autoimmune cholangitis and pancreatitis following the administration of nivolumab: A case report. *World J Clin Cases* 2022; **10**: 7124-7129 [PMID: 36051149 DOI: 10.12998/wjcc.v10.i20.7124]

2 **Jani N**, Buxbaum J. Autoimmune pancreatitis and cholangitis. *World J Gastrointest Pharmacol Ther* 2015; **6**: 199-206 [PMID: 26558153 DOI: 10.4292/wjgpt.v6.i4.199]

**Footnotes**

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