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Immunoglobulin G4 associated autoimmune cholangitis and pancreatitis and nivolumab: Correspondence

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: 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.

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.

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