

■ Sun-366 ■

Case report ;Renal cyst formation related to Crizotinib in a patient with non-small cell lung cancer

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Crizotinib, tyrosine kinase inhibitor, disturbs cell signaling in tumor cells and contributes to improve survival of EML4-ALK (anaplastic lymphoma kinase) fusion protein positive NSCLC (Non-small cell lung cancer) patients. There are few cases dealing with renal cyst formation as a complication of Crizotinib in Korea. This case which reviews renal cyst formation as a rare complication associated with Crizotinib has medical significance. A 57-year-old woman was admitted to division of oncology with chief complaint of flank pain. Since the patient diagnosed with lung adenocarcinoma (cT3N2M0) in Jul. 2015 and ALK t(2;5) translocation was not detected, she had been treated with induction chemotherapy, curative surgery, adjuvant chemotherapy and sequential radiotherapy. In Feb. 2016, cancer recurrence was confirmed and additional surgery with palliative chemotherapy was performed. Despite of the therapy, disease progressed and she started to take Crizotinib from Jan. 2019, because ALK mutation was confirmed in surgical specimen received from the 2nd surgery in contrast to previous result. The laboratory test showed leukocytosis, high level of CRP and negative study in urinalysis. In the abdomen pelvis CT, cyst was newly observed in right kidney. Under suspected renal cyst infection, she was treated with empirical antibiotic therapy and percutaneous catheter drainage. The drained fluid was turbid with elevated level of leukocyte and protein. But cultured microorganism was not detected. The symptom was improved by maintaining above therapy for 2 weeks and the size of the cyst decreased (figure. 1). In that the cyst newly formed during Crizotinib treatment, we considered cyst formation as a complication of Crizotinib and switched it to Alectinib, another EML4-ALK fusion protein inhibitor. The patient has been taking Alectinib without complication. The case reviews renal cyst occurred in ALK-rearranged NSCLC patient who treated with Crizotinib for 5 months. Although renal cyst formation is uncommon side effect, complex renal cyst, as same as cyst infection could require Crizotinib discontinuation and change of treatment agent.

