In late December 2015, a 69-year-old woman presented with general malaise and palpitation lasting a few days. She had choroidal malignant melanoma with liver and bone metastases and had undergone 3 cycles of anticancer treatment with an anti–PD-1 (programmed cell death protein 1) antibody nivolumab (2 mg/kg of body weight every 3 weeks) from October 2015 to early December 2015. Two weeks had elapsed since the last treatment with nivolumab. On physical examination, blood pressure was 121/83 mm Hg and heart rate 110 beats per minute. ECG showed ST-segment elevation in leads II, III, and aVF. A bedside rapid assay for cardiac troponin T was positive, and the concentrations of creatine kinase and creatine kinase MB-isozyme were increased to be 728 IU/L and 48.7 U/L, respectively. Echocardiography showed diffuse hypokinesis of the left ventricle (ejection fraction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction 30.2%). Emergency coronary angiography revealed normal epicardial coronary arteries, and acute myocardial infarction.
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**Key Words:** adverse events ■ heart failure ■ immune checkpoint inhibitor ■ melanoma ■ myocarditis

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**Figure 1.** Hematoxylin-eosin staining of myocardial tissue showing lymphocytes infiltration (A) with a predominance of CD4-negative (B), CD8-positive (C), and PD-1-negative cells (D). A black bar indicates 50 μm.
Figure 2. Computed tomographic scans of the liver before nivolumab treatment (A) and at 5 months after discharge (B).
Acute Lymphocytic Myocarditis With Anti-PD-1 Antibody Nivolumab
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