ABSTRACT
Immunotherapy-induced pneumonitis is a complication present in 3% of patients treated with non-small cell lung cancer based on this treatment, being the same difficult to diagnose even more in a country that is not in international experience, In this review we want to present our experience with the first patient treated with pembrolizumab in our institution.

INTRODUCTION
Immunotherapy-induced pneumonitis is a complication present in approximately 3% of patients treated with non-small cell lung cancer, being a difficult complication to diagnose and a challenge for both the oncologist and the pulmonologist who begins using it. (1–6)

It must be recognized that immunotherapy has shown significant increases in the survival of patients with lung cancer in advanced stages, with programmed cell death protein 1 (PD-1) being a transmembrane T-cell inhibitor, thus having Pembrolizumab and Nivolumab as monoclonal antibodies cells that bind to the PD-1 receptor in T cells and thus block their binding to the PDL-1 ligand in tumor cells. (2,7,8)

The response of these T cells, the result of the inhibition of the control point, can lead to an unusual spectrum of side effects called adverse events related to the immune system involving skin, liver, lungs, endocrine system among others. (8–12)

Immunotherapy-induced pneumonitis is a potentially fatal effect that occurs in 1-5% of patients enrolled in the studies. (12)

In Quito, the first case treated took place in January 2017, for which we express our experience.

CASE REPORT
47-year-old male patient, Karnofsky 70, non-smoker with no personal pathological history or story of medication intake, who has presented approximately 3 kg of weight loss in 2 months ago accompanied by cough with hemoptysis.

Chest tomography reports a mass in the left upper lobe of 5.7 x 4cm, plus a 6 cm diameter mediastinal conglomerate.

Bronchoscopy reports in the left bronchial tree, basal bronchus, anterior segment, presence of abundant active bleeding, infiltrative mucosa with irregular borders.

The histopathological sample reported: non-small cell adenocarcinoma, non-mutated EGFR, non-rearrangement of ALK and PDL-1 expression greater than 50%.

The PET / SCAN reported diffuse bone activity in the spine, pelvis and femurs, similar bone scintigraphy report and MRI Brain negative for metastatic activity.

As a treatment, he receives 30 Gys palliative radiotherapy on the lumbar spine and pelvis, then starts Pembrolizumab at a dose of 200 mg IV every 21 days, receives 3 treatment cycles with a favorable clinical response, after the fourth cycle, attends with a cough, respiratory distress; clinical suggestive pneumonitis vs pneumonia.
In conclusion, pneumonitis secondary to PD1 / PDL1 inhibitor drugs is a rare but potentially serious adverse effect, so it must be ruled out in the presence of respiratory symptoms in these patients, a radiological pattern in which frosted glass is observed that in the first instance made think of pneumonia, but the rapid identification and handling with oral corticosteroids were fundamental for the resolution of the picture.

REFERENCES