替雷利珠单抗致自身免疫性多内分泌腺综合征的文献分析

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摘　要　目的　总结替雷利珠单抗致自身免疫性多内分泌腺综合征（APS）的发生特点及规律，为该药的安全使用及APS的治疗提供借鉴。**方法**　以替雷利珠单抗及其同义词为主题词，系统检索中国知网、PubMed等国内外数据库，收集替雷利珠单抗致APS的个案报道，并进行描述性分析。**结果**　共纳入12篇文献，涉及13例患者，其中男性10例、女性3例。患者的平均年龄为（61.62±10.43）岁，60岁以上老年人占46.15%；13例患者的原发疾病涉及非小细胞肺癌等8种实体瘤；1例患者存在糖尿病史，9例患者存在联合用药。所有患者均出现了2种内分泌腺损害，且多发生在用药的前10个周期内；相关内分泌腺损害主要表现为肾上腺-甲状腺、甲状腺-胰腺功能异常，首发表现以乏力、呕吐、恶心等非特异性症状为主；患者的相关异常指标（如促甲状腺激素、促肾上腺皮质激素等）与累及腺体密切相关，其中6例患者检出内分泌腺相关抗体阳性。所有患者均接受了停药、补液、纠正电解质等对症干预，其中9例好转、1例病情可控、3例内分泌腺功能丧失。**结论**　APS是一种与替雷利珠单抗关系密切的罕见免疫相关性不良事件，具有起病急骤、症状多样但无特异性等特点，可造成腺体永久性损害。临床治疗与管理可遵循“分级诊疗、激素替代、多学科协作”的原则，做好基线评估、高危因素筛选、患者教育以及长期随访。

关键词　替雷利珠单抗；自身免疫性多内分泌腺综合征；免疫相关性不良事件；文献分析

Literature analysis of autoimmune polyglandular syndrome induced by tislelizumab

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ABSTRACT　OBJECTIVE To summarize the characteristics and patterns of autoimmune polyglandular syndrome (APS) induced by tislelizumab, and to provide guidance for the safe use of this drug and the treatment of APS. **METHODS** Using "tislelizumab" and its synonyms as search terms, a systematic search was conducted in domestic and international databases such as CNKI and PubMed to collect case reports of APS caused by tislelizumab, and descriptive analysis was performed. **RESULTS** A total of 12 publications were included, involving 13 patients (10 males and 3 females). The average age of the patients was (61.62±10.43) years, with 46.15% being elderly individuals over the age of 60. The underlying diseases of the 13 patients included 8 types of solid tumors, such as non-small cell lung cancer; 1 patient had a history of diabetes mellitus, and 9 patients were receiving concomitant medications. All patients experienced damage to two endocrine glands, with most cases occurring within the first 10 cycles of treatment. The associated endocrine gland damage primarily manifested as adrenal-thyroid and thyroid-pancreatic dysfunction, with initial symptoms dominated by nonspecific manifestations such as fatigue, vomiting, and nausea. The relevant abnormal laboratory markers (such as thyroid-stimulating hormone and adrenocorticotropic hormone) were closely associated with the affected glands, and positive antibodies related to endocrine glands were detected in 6 patients. All patients received symptomatic interventions, including drug discontinuation, fluid replacement, and electrolyte correction; among them, 9 patients improved, 1 patient's condition was stabilized, and 3 patients experienced permanent loss of endocrine gland function. **CONCLUSIONS** APS is a rare immune-related adverse event closely associated with tislelizumab, characterized by sudden onset, diverse and non-specific symptoms, and can cause permanent damage to the glands. Clinical treatment and management should follow the principles of "tiered diagnosis and treatment, hormone replacement therapy, and multidisciplinary collaboration", with a focus on thorough baseline assessment, screening for high-risk factors, patient education, and long-term follow-up.

KEYWORDS　tislelizumab; autoimmune polyglandular syndrome; immune-related adverse event; literature analysis

替雷利珠单抗（tislelizumab）是我国自主研发的程序性死亡受体1（programmed death-1，PD-1）抑制剂，可靶向作用于PD-1通路，从而发挥抗肿瘤作用[1]。当前，替雷利珠单抗已在全球47个国家/地区获批，被广泛用

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