**Dermatologic immune-related adverse events**

Dermatological adverse events induced by immune checkpoints blockades vary from vitiligo, morbilliform exanthema, eczematous dermatitis, lichenoid dermatitis, delayed type hypersensitivity, and bullous disorders. Immune-related adverse events (irAE) associated bullous disorders were mostly manifested as bullous pemphigoid, and also pemphigus, bullous erythema multiforme, bullous lichenoid dermatitis, and dermatitis herpetiformis, etc. Although most cutaneous immune-related adverse events are relative benign, uncommon but life-threatening Stevens-Johnson syndrome/ toxic epidermal necrolysis (SJS/TEN) and are worth to be noticed. The estimated incidence of SJS/TEN associated with immune checkpoint blockade was higher in ipilimumab (2.4-2.5%) or combination therapy with ipilimumab and nivolumab (2.2%) compared to monotherapy with nivolumab or pembrolizumab (1.5%). More severe fatal TEN cases with extensive skin necrolysis occurred in patients underwent combination therapy with ipilimumab and nivolumab. The reported mortality rate of irAE-SJS/TEN varies from 6.7% (anti-PD1), 33.3% (anti-CTLA-4) and 75.0% (combination). Clinical features of SJS/TEN characterized as mucosal involvements with erosions, epidermal blistering or detachment with atypical targetoid erythema and positive Nikolsky’s signs. Though SJS initially presented as epidermal blistering or detachment with less than 10%, further progression into SJS/TEN overlapping and TEN are not uncommon. Prompt awareness of this fatal condition is warranted and rechallenge with immune checkpoint blockade is suggested to be prohibited due to potential life-threatening toxicity.