Figure 2. Rashes observed on the patient's forearm

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TOO MANY ADVERSE DRUG REACTIONS TO DEAL WITH IN A CARDIAC TRANSPLANTATION CANDIDATE

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Objective: Hypersensitivity reaction may occur against any group of medications and this situation prevents performing appropriate treatment algorithms in the emergency medicine. Although treatment strategies in hypersensitive cases may vary and many of the strategies may be replaced by other drug groups in some cases you may run out of alternatives. Here we present a case who was really hard to treat because of his earlier documented hypersensitivity reactions to the first-line therapy drug regimens.

Case: A 39 year- old man was admitted to the emergency room with abdominal pain and diaphoresis. He was known to be a candidate for cardiac transplantation because of terminal dilated cardiomyopathy, and waiting for the donor. He was documented to be allergic to furosemide, beta blockers, calcium channel blockers, digoxin, Clexane® and Aspirin®. It was previously documented that whenever any one of these drugs was given, the patient had serious angioneurotic edema. He was taking Warfarin as an anticoagulant and Amiadorone for the atrial rate, Aldactone® as the diuretic, and Levotiroxine® for hypothyroidism.

At his arrival the vital signs were TA: 67/54 mmHg, HR: 130/ min/ arrhythmic, RR: 16/min, Temperature: 36.2°C. He complained of diarrhea and decrease in urine volume during the examination. The frequency of the stools was 3 times a day and he was not dehydrated. Physical examination revealed apical systolic murmur, and diffuse abdominal tenderness without any specific location in the quadrants. Our primary diagnoses were decompansated cardiac failure, mild gastroenteritis, and atrial fibrillation. The laboratory results were Na: 119 meq/L, K: 5 meq/L, BUN: 48 mg/dL, Creatinine: 2.23 mg/dL, Total bilirubin: 2.39 mg/dL, direct bilirubin: 0.93 mg/dL. He was anticoagulated by Warfarin. His abdominal USG was normal. The cardiologist performed an echocardiography which revealed the similar findings as the previous reports; Ejection Fraction: 25%, dilated left ventricule, severe MR and severe TR. In short the patient had new onset renal failure triggered by mild gastroenteritis, and fast atrial fibrillation which needed to be paced down to improve cardiac motility.

Our patient was given fluid therapy but as the therapy started he got more decompansated and ralles were audible in both of the lungs. His atrial fibrillation got worse, but we could not start any rate controlling drugs due to the previous allergic reactions nor any diuretic therapy. After 3 hours of observation and controlled fluid resuscitation of 420 ml saline, the vital signs were cardiac rate 152 beats/min, TA: 54/34 mm/Hg, RR: 22/min. We started Amiadorone infusion for the rhythm control and dopamine and dobutamine infusion for positive inotropy. Finally, the patient was transferred to the intensive care unit to follow- up the cardiogenic shock. At the ICU, the patient was intubated and treated with Amiadorone, dopamine, dobutamine and then noradrenaline infusions. The patient died the following day.

Conclusion: Decompansated cardiac failure of a transplantation candidate is a very challenging issue because of the underlying pump failure. As the patient described above in most of the cases there is a need both for fluid resuscitation and for inotropic activity. Decompansated cardiac failure in transplantation candidates has very discouraging survival rates. In patients with any adverse drug reaction the results are even more catastrophic.

Keywords: Cardiac failure, Cardiac Transplantation, Adverse Drug reaction

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METHEMOGLOBINEMIA CAUSED BY DAPSONE OVERDOSE

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Increase of methemoglobin level is named as methemoglobinemia characterized by functional anemia and tissue hypoxia. Methemoglobinemia can be congenital, but acquired form are more often caused by various drugs and toxins. Methylene blue is the most effective antidote for acquired methemoglobinemia. When methylene blue is not available, alternative treatments such as ascorbic acid and hyperbaric oxygen can be useful. We presented a case of methomoglobinemia due to dapsone overdose.

Keywords: Dapsone overdose, methemoglobinemia, emergency medicine

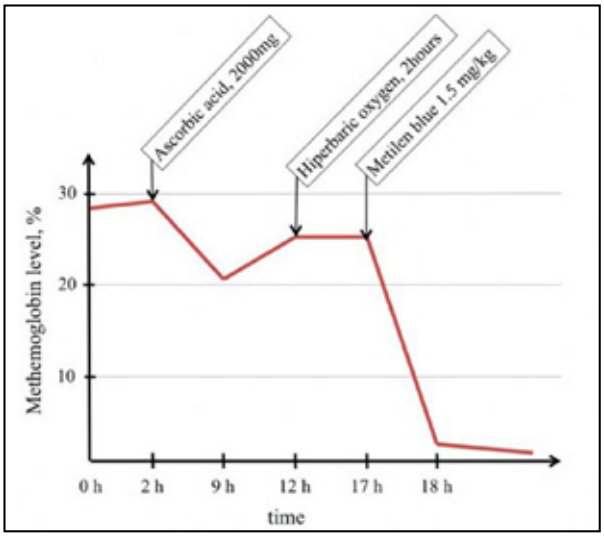

Figure 1. Methemoglobin levels with treatments