Ademetionine

Liver disorders: case report

During treatment with IV ademetionine 800 mg/day for possible drug-induced cholestasis, it was noted that serum aminotransferase levels in a 40-year-old man rose progressively.

The man had developed severe cholestasis, probably caused by an unidentified cephalosporin. His cholestasis had failed to respond to cholestyramine, terfenadine and prednisolone and his serum bilirubin was 265 µmol/L, his serum AST level was 47 IU/L and his serum ALT level was 85 IU/L.

Although ademetionine treatment alleviated the patient’s pruritus and his serum bilirubin level decreased to 154 µmol/L after 3 days’ therapy, his serum ALT and AST levels rose over the following 10 days to 805 IU/L and 201 IU/L, respectively. At this time, his serum bilirubin level had dropped to 109 µmol/L.

Ademetionine treatment was discontinued and the patient’s liver function tests normalised over the next 25 days.

Author comment: ‘The progressive increase in serum transaminases during S-adenosylmethionine administration and their decline 2 days after stopping treatment suggests a causal relationship with the use of the drug.’