

Azathioprine

First report of type 1 hypersensitivity: *****
case report

Nausea, vomiting and diarrhoea developed in a 49-year-old man who had received azathioprine 75 mg/day for 2.5 months to treat progressive polyneuropathy. Symptoms resolved 2 days after drug withdrawal and recurred 1.5 hours after rechallenge with azathioprine.

Histology showed mild to moderate mucosal inflammation of the duodenum with numerous eosinophils. A type 1 hypersensitivity reaction occurred after a skin test with azathioprine.

Riedel R-R, Schmitt A, de Jonge JPA, Hartmann A. Gastrointestinal type 1 hypersensitivity to azathioprine. *Klinische Wochenschrift* 68: 50-52, Jan 1990 2545

Benzodiazepine poisoning

Treated with flumazenil: case report

Kitamura N, Sugai K, Hirasawa H. A case of using flumazenil on compound poisoning including benzodiazepine. *Japanese Journal of Toxicology* 3: 185, No 2 1990 [Japanese] 2506

Beta blockers

CNS disorders: review

Dahlöf C, Dimenäs E. Side effects of β -blocker treatments as related to the central nervous system. *American Journal of Medical Sciences* 299: 236-244, Apr 1990 [79 references] 2505

Bleomycin

Severe pneumonitis treated with corticosteroids: case report **S**

A 60-year-old man with advanced seminoma received bleomycin (total dose 240 units), etoposide and cisplatin. The patient then developed dyspnoea on exertion, abnormal pulmonary function tests and bilateral interstitial infiltrates. Transbronchial biopsy findings were consistent with pulmonary cytotoxicity.

Some clinical improvement was seen with prednisone 60 mg/day over 6 weeks, but the patient's dyspnoea recurred when prednisone was withdrawn. The patient received methylprednisolone 250mg qid for 3 days then prednisone 60 mg/day. Exercise tolerance gradually improved over several weeks and he was maintained on prednisone 5 mg/day.

Although life-threatening bleomycin pneumonitis may occur at relatively low cumulative doses, severe toxicity '... may partially reverse with long-term steroid support, warranting aggressive management'.

Hartman LC, Frytak S, Richardson RL, Coles DT, Cupps RE. Life-threatening bleomycin pulmonary toxicity with ultimate reversibility. *Chest* 98: 497-499, Aug 1990 2525

Pulmonary toxicity treated with corticosteroids: clinical study

Jensen JL, Goel R, Venner PM. The effect of corticosteroid administration on bleomycin lung toxicity. *Cancer* 65: 1291-1297, Mar 1990 2461

Bleomycin see Cisplatin/bleomycin/ vincristine

Butoconazole

Thrombopenia: case report **S**

Abdominal discomfort was reported by a 54-year-old woman with long standing arthritis who had received vaginal clotrimazole 100mg for a yeast infection 1 week previously. At the same time her normal maintenance dose of methotrexate was increased from 7.5 to 10 mg/week. Investigations revealed decreases in leucocyte count, haemoglobin and platelets. Abdominal symptoms settled and leucocyte count increased over 1 week when methotrexate and ibuprofen 800mg qid (also administered as maintenance therapy for arthritis) were withdrawn and antacids commenced.

Methotrexate and ibuprofen were recommenced in original dosages and 2% butoconazole cream was applied for 6 days for continuing vaginal infection. Epigastric pain recurred with melaena, reduced leucocyte count and haemoglobin, and markedly reduced platelet counts. On admission, endoscopy showed erosive gastritis and the patient received blood and platelet transfusions, piperacillin and gentamicin; other medications were withdrawn. The patient was discharged after 6 days. Rechallenge with methotrexate and ibuprofen was uneventful.

Maloley PA, Nelson E, Montgomery HA, Campbell JR. Severe reversible thrombocytopenia resulting from butoconazole cream. *DICP - Annals of Pharmacotherapy* 24: 143-144, Feb 1990 2486

Carmustine

Lung fibrosis: incidence study

In a retrospective study of 17 children who had been treated with IV carmustine 100 mg/m² every 6-8 weeks for 2 years (with or without vincristine; n = 8), 6 died of lung fibrosis within 13 years of treatment.

Of the remaining 11 patients, 8 were available for study of the long-term effects of carmustine treatment on the lungs. Three patients reported shortness of breath and 3 had a dry cough. Analysis indicated restrictive lung disease and small lung volume in all 8 patients, 6 had upper-zone infiltration and 3 had reduced vital capacity. Light and electron microscopy performed in 6 patients revealed interstitial fibrosis and elastosis.

'We believe that the pulmonary abnormalities among the survivors were caused by carmustine given up to 17 years earlier... Because carmustine is still widely used, it is important to monitor patients who have had this treatment in the past.'

O'Driscoll BR, Hasleton PS, Taylor PM, Poulter LW, Gattamaneni HR, et al. Active lung fibrosis up to 17 years after chemotherapy with carmustine (BCNU) in childhood. *New England Journal of Medicine* 323: 378-382, 9 Aug 1990 2530

Chlorpromazine

Neuroleptic malignant syndrome: case report

Montgomery JN, Ironside JW. Neuroleptic malignant syndrome in the intensive therapy unit. *Anaesthesia* 45: 311-313, Apr 1990 2530

Cimetidine

Rhythm disorders, bradycardia and hypotension in an elderly patient: case report

A 75-year-old woman was admitted for evaluation of hypertension and possible angina pectoris. She was taking oral cimetidine 300mg when required to treat gastrointestinal distress.

Subsequent to cardiac catheterisation, the patient underwent 5-vessel coronary artery bypass grafting surgery. Haemodynamic maintenance was achieved with sodium nitroprusside and nitroglycerin [glyceryl trinitrate] postoperatively. Antibacterial prophylaxis consisted of cefazolin, and IV cimetidine 300mg was