

Amoxapine overdose

Acute renal failure: case report [S]

Skinazi F, Davous P, Bleichner G. Acute renal insufficiency after voluntary intoxication with amoxapine. *Presse Medicale* 20: 130, 26 Jan 1991 [French] 4266

Anaesthetics

Delirium: case report

Olympio MA. Postanesthetic delirium: historical perspectives. *Journal of Clinical Anesthesia* 3: 60-63, Jan-Feb 1991 4292

Anticoagulants

Adverse effects: review

Harrington R, Ansell J. Risk-benefit assessment of anticoagulant therapy. *Drug Safety* 6: 54-69, Jan-Feb 1991 [94 references] 4291

Antipsychotics

Neuroleptic malignant syndrome: 2 case reports [S]

Neuroleptic malignant syndrome was diagnosed in a 12-year-old girl and in a 14-year-old boy with primary bipolar affective disorder, following antipsychotic therapy for associated psychotic symptoms. Medication included oral and IM haloperidol, thioridazine, and trifluoperazine. Both patients presented with rigidity, fever, hypertension, tachycardia and elevated serum creatine phosphokinase levels.

Following haloperidol dosage reduction in the girl, and withdrawal of lithium and all antipsychotic medication in the boy, both patients were treated with bromocriptine. The boy was also treated with dantrolene. Extrapyrimal symptoms gradually resolved and elevated serum creatine phosphokinase levels and vital signs normalised over the next 10-20 days.

Joshi PT, Capozzoli JA, Coyle JT. Neuroleptic malignant syndrome: life-threatening complication of neuroleptic treatment in adolescents with affective disorder. *Pediatrics* 87: 235-239, Feb 1991 4196

Catatonia preceding neuroleptic malignant syndrome: 5 case reports

White DAC, Robins AH. Catatonia: harbinger of the neuroleptic malignant syndrome. *British Journal of Psychiatry* 158: 419-421, Mar 1991 4230

BCG vaccine

Recurrent BCG dissemination during childhood and pregnancy: case report [S]

Ehregut W. BCG-itis in childhood and pregnancy: report on a case of necrotising cerebral arteritis caused by BCG. *Klinische Padiatrie* 202: 303-307, Sep-Oct 1990 [German] 4264

Beta lactams

Bleeding diathesis and platelet dysfunction: 11 case reports

Fornells J, Grau E, Montserrat I, Muñoz CR, Lopez M, et al. Bleeding diathesis associated with beta-lactam antibiotics. *European Journal of Haematology* 45: 272-273, Nov 1990 4282

Calcium folinate see Fluorouracil/calcium folinate

Carbamazepine

Toxic pustuloderma: case report

A facial maculopapular rash, which rapidly became generalised, developed 3 weeks after carbamazepine 200mg tid was added to the multidrug regimen of a 58-year-old woman with bipolar affective disorder. Fever and cervical lymphadenopathy were also noted. Initially, all medications were continued and paracetamol [acetaminophen] was administered. Symptomatic improvement for several days was followed by rapid deterioration, and mild hepatosplenomegaly, pruritic erythroderma and generalised cutaneous oedema were observed. Micropustules appeared, first on the face and scalp followed by gradual progression, caudally.

All medications were withdrawn and prednisolone, terfenadine, ampicillin and flucloxacillin were administered with the patient recovering over the following 4 days. Nine months later, all previous medications except carbamazepine were reintroduced without incident.

Gebauer K, Holgate C, Navaratnam A. Toxic pustuloderma. A drug induced pustulating glandular fever-like syndrome. *Australasian Journal of Dermatology* 31: 89-93, No. 2 1990 4244

Carbamazepine interaction

Reduced plasma concentrations with concomitant felbamate: clinical study

Carbamazepine plasma concentrations were significantly reduced when felbamate, a novel anticonvulsant, was added to carbamazepine monotherapy in 22 patients. The effect on carbamazepine concentration was evident within 1 week of combined therapy, plateauing after 2-4 weeks. The average reduction was 25% (range 10-42%) of baseline. This effect persisted throughout felbamate therapy (up to 8 weeks), with carbamazepine concentrations returning to baseline 2-3 weeks after felbamate withdrawal.

'The reduction of CBZ [carbamazepine] concentrations during FBM [felbamate] cotherapy may have clinical implications.' This effect is predictable and of a relatively constant magnitude in patients receiving carbamazepine monotherapy.

Albani F, Theodore WH, Washington P, Devinsky O, Bromfield E, et al. Effect of felbamate on plasma levels of carbamazepine and its metabolites. *Epilepsia* 32: 130-132, Jan-Feb 1991 4258

Chlorothiazide/ hydrochlorothiazide + amiloride

Hyponatraemia and atrioventricular block: 2 case reports [S]

Second-degree or complete atrioventricular (AV) block occurring during or shortly after an episode of diuretic-induced hyponatraemia prompted the admission of 2 patients with existing heart failure.

Case 1: A 60-year-old man, known to have first-degree AV block, was admitted with progressive weakness 1 month after starting chlorothiazide. An ECG showed Mobitz type 2 second-degree AV block. The patient was hyponatraemic and hyperglycaemic. Diuretic therapy was withdrawn and fluid intake was restricted to 1 L/day. Over the next 2 weeks, serum sodium levels ranged from 115 to 128 mmol/L, and Mobitz type 2 second-degree AV block was noted to alternate with Wenkebach type or first-degree AV block. Second-degree AV block was not recorded when serum sodium levels were 125-133 mmol/L.