

## Dipyrrone

**Sjögren-like syndrome secondary to scalded skin syndrome: case report**

A 55-year-old woman was hospitalised because of a 20% weight loss over 5 months. Her history included cervicoarthrosis which was treated with multiple NSAIDs.

Five months preadmission, the patient had received an IM injection of dipyrrone 2g. After 30 hours she noticed progressively confluent erythematous lesions which developed into a generalised tender erythema affecting the total body surface. She had a fever, sore throat and conjunctivitis. Flaccid bullae developed which peeled leaving painful denuded areas. She also had painful erosions of the mouth, conjunctivae, genital and anal mucosae.

The skin and mucous membranes re-epithelialised after 3-4 weeks. The patient remained afebrile, but in the 4 months prior to admission she developed asthenia, anorexia, xerostomia, dysphagia, cutaneous xerosis and diarrhoea.

Laboratory tests revealed increases in gamma-glutamyl transferase, AST, ALT, lactic dehydrogenase and alkaline phosphatase levels. A high amount of fat in the stools and the pancreolauryl test revealed severe pancreatic exocrine insufficiency. A keroconjunctivitis sicca was noted and the salivary flow rate was subnormal. Liver biopsy was consistent with a nonspecific reactive hepatitis.

*'The data presented here suggest that the drug [dipyrrone] may have triggered a graft-versus-host disease-like mechanism and give support to the immunological origin of toxic epidermal necrolysis [scalded skin syndrome].'*

Saban J, Pais JR, Rodriguez JL, Boixeda D. Sjögren-like pluriglandular exocrine insufficiency after drug-induced toxic epidermal necrolysis. *Postgraduate Medical Journal* 67: 195-197, Feb 1991

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## Domperidone

**Dyskinesia and dystonia: 2 case reports**

Bonuccelli U, Nocchiero A, Napolitano A, Paoletti AM, Melis GB, et al. Domperidone-induced acute dystonia and polycystic ovary syndrome. *Movement Disorders* 6: 79-81, No. 1 1991

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## Enalapril

**Cough: incidence study**

Yeo WW, Maclean D, Richardson PJ, Ramsay LE. Cough and enalapril: assessment by spontaneous reporting and visual analogue scale under double-blind conditions. *British Journal of Clinical Pharmacology* 31: 356-359, Mar 1991

4250

## Felbamate

**see Carbamazepine interaction**

## Fluorouracil

**Pigmentation after protracted infusion in an elderly patient: case report**

Pigmentation of the hands and nails occurred in a 67-year-old Black woman 1 month after she had begun treatment with fluorouracil 300 mg/m<sup>2</sup>/day administered by continuous infusion for metastatic colorectal cancer. The patient also reported a change in the texture and partial loss of her hair and a vaginal odour. Two months later she had persistent watering of her nose and eyes partially responsive to dexamethasone therapy. At the same time pigmentation of acne scars on her back was observed. After a further 5 months her tongue and conjunctiva were also noted to be pigmented.

Perlin E, Ahlgren JD. Pigmentary effects from the protracted infusion of 5-fluorouracil. *International Journal of Dermatology* 30: 43-44, Jan 1991

4254

## Fluorouracil/calcium folinate

**Blood dyscrasias, gastrointestinal and skin disorders: incidence study**

Mortimer JE, Anderson I. Weekly fluorouracil and high-dose leucovorin: efficacy and treatment of cutaneous toxicity. *Cancer Chemotherapy and Pharmacology* 26: 449-452, Sep 1990

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## Fluoxetine

**First report of alopecia: case report**

After 7 months' fluoxetine treatment, a 53-year-old woman with severely disabling obsessive compulsive disorder reported alopecia. Large amounts of hair came from her head each time she combed

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her hair. Upon examination a general thinning of hair was noted. Complete examination did not reveal any cause for the hair loss. Minimal hair loss was still apparent 2 months after the patient discontinued fluoxetine. At 4 months' follow-up, hair loss had stopped and the patient's hair returned to normal 2 months later.

Alopecia was noted in < 1% of 600 patients enrolled in a multicentre trial of fluoxetine, but a causal relationship was not determined.

*'Severe hair loss may be an uncommon but potentially distressing side effect of fluoxetine.'*

Jenike MA. Severe hair loss associated with fluoxetine use. *American Journal of Psychiatry* 148: 392, Mar 1991

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## Hydrochlorothiazide

**Hyponatraemic encephalopathy: case report**

A 32-year-old man with schizophrenia was readmitted with status epilepticus and hyponatraemia while receiving hydrochlorothiazide 50 mg/day for hypertension. IV phenytoin and diazepam, and 3% normal saline were administered. Hydrochlorothiazide was withdrawn on diagnosis of psychogenic polydipsia and diuretic-induced hyponatraemia. The patient was discharged on captopril 25mg tid for hypertension control.

Three weeks earlier, he had been hospitalised because he was more withdrawn than usual, and had been drinking excess fluids and not sleeping. Fluphenazine therapy had stabilised his schizophrenia for > 1 year.

*'Excess water consumed by polydipsic schizophrenic patients should be considered a "drug" in a potential drug-drug interaction with any substance that alters water balance.'* Polydipsia should be prominently noted in the patient's chart and a warning regarding the prescribing of thiazide diuretics should be included.

Muller RJ, Lann HD. Thiazide diuretics and polydipsia in schizophrenic patients. *American Journal of Psychiatry* 148: 390, Mar 1991

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**Hydrochlorothiazide see Chlorothiazide/hydrochlorothiazide + amiloride**