

Bucillamine

Kidney disorders: incidence study

Patients with rheumatoid arthritis who had received bucillamine were retrospectively reviewed to assess the background factors associated with the development of nephrotoxicity.

87 patients aged 19-78 (mean 51.4) years had received bucillamine at a mean dose of 210 mg/day over the last 5 years. Concomitant medications included steroids (55%) and NSAIDs (91%).

12.6% of patients developed proteinuria and had a higher positive rate of rheumatoid factor and its antibody titre, and an elevated ESR vs patients who did not develop proteinuria. Dosage was not significantly correlated with the development of proteinuria. Proteinuria generally resolved after discontinuation of bucillamine. Three patients underwent bucillamine rechallenge and developed proteinuria as before.

Dermatological (n = 12) and gastrointestinal (3) adverse effects were also observed.

The authors recommended that frequent urinalysis should be performed in patients given bucillamine.

Nakajima A, Hasunuma T, Yamada T, Goto M, Nishioka K. Bucillamine nephropathy. *Ensho* 11: 49-52, Jan 1991 [Translated from the original published in Japanese]

4727

Ceftazidime/ceftriaxone

Thrombopenia in an elderly patient: case report

Ceftazidime 1g tid was administered to an 82-year-old woman with pneumonia. She had previously received cefuroxime, erythromycin and penicillin and was also receiving cimetidine. On the second day of ceftazidime treatment her platelet count began to fall. Ceftriaxone was substituted for ceftazidime on day 3 with continued platelet level decline. Cimetidine was withdrawn on day 5 but reinstituted without effect on day 7. Meanwhile, her platelet count began to rise after withdrawal of ceftriaxone on day 6.

'... It appears that ceftazidime initiated the thrombocytopenia and ceftriaxone ... continued the destruction of platelets.' Previous penicillin and cefuroxime therapy may have predisposed this patient to thrombopenia.

Hull RL, Brandon D. Thrombocytopenia possibly caused by structurally related third-generation cephalosporins. *DICP Annals of Pharmacotherapy* 25: 135-136, Feb 1991

4664

Ceftriaxone

see Ceftazidime/ceftriaxone

Chloroquine/metronidazole

Seizures: case report

Sopeña B, Fernández Rodríguez C, Ledo L, Rodríguez D. Seizures induced by the association of metronidazole and chloroquine. *Medicina Clínica* 95: 675, Nov 1990 [Spanish]

4725

Ciprofloxacin/cotrimoxazole

Paranoid disorders: 3 case reports

'We report two cases of probable ciprofloxacin-related paranoid psychosis and a case of TMP-SMX [cotrimoxazole]-related delirium in patients with underlying neuropsychiatric disorders...'

Patient 1: A 76-year-old woman with mild Parkinson's disease and right hemiparesis received ciprofloxacin 750 mg/day for a febrile episode. She was also receiving levodopa and carbidopa, and received cotrimoxazole [trimethoprim + sulfamethoxazole] immediately prior to ciprofloxacin.

On the fourth day of therapy, the patient became confused, hyperactive and fearful, and demonstrated paranoid behaviour. Levodopa, carbidopa and ciprofloxacin were withdrawn. The patient returned to normal 4 days after drug withdrawal. Levodopa and carbidopa were restarted without further adverse effects.

Patient 2: A 27-year-old woman with right hemiparesis, presumed HIV encephalopathy and a history of IV drug abuse received ciprofloxacin 750 mg/day for the treatment of a febrile episode and symptoms of urinary tract infection. Zidovudine and cotrimoxazole were discontinued immediately prior to ciprofloxacin therapy. After 5 days' treatment, the patient became hostile, abusive and had paranoid delusions and hallucinations. Ciprofloxacin was withdrawn. The patient had recovered 1 week later.

Patient 3: An 88-year-old man received cotrimoxazole for the treatment of a febrile episode and pyuria. He had an undocumented history of psychiatric illness. On the second day of treatment, the patient had hallucinations, talked incessantly and became fearful. Cotrimoxazole was withdrawn and the patient recovered. He received cotrimoxazole again 3 months later for suspected urinary tract infection and exhibited delirium identical to that observed previously. Symptoms resolved 6 weeks later when prophylactic cotrimoxazole was withdrawn.

All patients failed to respond to the administration of haloperidol.

McCue JD, Zandt JR. Acute psychoses associated with the use of ciprofloxacin and trimethoprim-sulfamethoxazole. *American Journal of Medicine* 90: 528-529, Apr 1991

4554

Corticosteroids

Bleeding complications: incidence study

A comparative study of 202 patients who used inhaled corticosteroids and 204 controls who did not use inhaled corticosteroids demonstrated that easy bruising was significantly more common in corticosteroid users.

48% of corticosteroid users reported easy bruising compared with 21.5% of controls. The frequency of

Calcium folinate

see Fluorouracil/calcium folinate

Captopril/enalapril

Angioneurotic oedema: 2 case reports

Roberts JR, Wuerz RC. Clinical characteristics of angiotensin-converting enzyme inhibitor-induced angioedema. *Annals of Emergency Medicine* 20: 555-558, May 1991

4680

