Dipyridone

Sjogren-like syndrome secondary to scalded skin syndrome: case report

A 53-year-old woman was hospitalised because of a 20% weight loss over 5 months. Her history included cervical oedema and was treated with multiple NSAIDs.

Five months predmission, the patient had received an IM injection of dipyridone 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 mucosa.

The skin and mucous membranes re-epithelialised after 3-4 weeks. The patient remained afibrile. 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, lactate dehydrogenase and alkaline phosphatase levels. A high amount of fat in the stools and the pancereolauryl test revealed severe pancreatic exocrine insufficiency. A perinuclear hepatitis 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 [dipyridone] may have triggered a graft-versus-host disease-like mechanism and give support to the immunological origin of toxic epidermal necrolysis (scalded skin syndrome)." Sakur J, Pais JR, Rodriguez JL, Biocca D


Enalapril

Cough: incidence study


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/m²/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.


Fluorouracil/calcium folinate

Blood dyscrasias, gastrointestinal and skin disorders: incidence study


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 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.'


Hydrochlorothiazide

Hypoaenaemic encephalopathy: case report

A 32-year-old man with schizophrenia was re admitted with status epilepticus and hypoaenaemia while receiving hydrochlorothiazide 50 mg/day for hypertension. IV phenoxytoin and diazepam, and 3% normal saline were administered. Hydrochlorothiazide was withdrawn on diagnosis of psychogenic polydipsia and diuretic-induced hypoaenaemia. 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.


Hydrochlorothiazide

see Chlorothiazide/ hydrochlorothiazide + amiloride