

but emergency caesarean section was required 12 days later because of fetal distress. The woman had been diagnosed with cerebral vasospasm 6 days after surgery and was being treated with phenylephrine. Both mother and neonate recovered uneventfully.

Larson CP, Shuer LM, Cohen SE. Maternally administered esmolol decreases fetal as well as maternal heart rate. *Journal of Clinical Anesthesia* 2: 427-429, Nov-Dec 1990

## Estrogen

### Breast cancer in menopausal women: incidence study

Dupont WD, Page DL. Menopausal estrogen replacement therapy and breast cancer. *Archives of Internal Medicine* 151: 67-72, Jan 1991 [63 references]

## Fenofibrate

### Photosensitivity: 2 case reports

'Fenofibrate seems to be the agent responsible for the photosensitivity observed...' Photosensitivity reactions to fibric acid derivatives are uncommon and the mechanism behind them is unclear.

Two women aged 33 (patient 1) and 55 (patient 2) years received fenofibrate for hypertriglyceridaemia and hypercholesterolaemia, respectively. After 8 days' treatment with fenofibrate 100 mg/day, patient 1 developed pruritic erythema on sun exposed areas. Patient 2 developed pruriginous and eczematous lesions after sun exposure. Both women recovered after withdrawal of fenofibrate treatment. Fenofibrate sensitivity was confirmed by patch and phototesting in patient 1, and neither patient experienced relapse despite continued use of allergenic cosmetics (patient 1) or metformin (patient 2).

Leroy D, Domp Martin A, Lorier E, Lepout Y, Audebert C. Photosensitivity induced by fenofibrate. *Photodermatology Photoimmunology and Photomedicine* 7: 136-138, Jun 1990

## FK 506

### First report of lymphoproliferative disorders following liver transplantation: case report

The authors believe this to be the first report of post-transplant

lymphoproliferative disorder with FK 506.

Approximately 7 months after liver transplantation, a 14-month-old boy was readmitted with fever and lymphadenopathy. He was receiving immunosuppression with FK 506 1mg bid, adjusted according to serum levels. The boy had widespread lymphadenopathy and hepatosplenomegaly. Respiratory distress and splenomegaly worsened and fever, lymphadenopathy, neutropenia and thrombopenia persisted. His right axillary and left cervical lymph nodes were removed, and evaluation led to the diagnosis of benign polyclonal lymphoproliferative reaction associated with FK 506. The FK 506 dosage was tapered and discontinued. Lymph nodes and spleen reduced in size and blood profile improved.

'The fact that in this child FK 506 was the only immunosuppressive agent and that lymph nodes and spleen became smaller when it was discontinued strongly suggest an aetiological role for FK 506 in this case...'

Frayha HH, Nazer H, Kalloghlian A, Antonius JI, Sabbah R. Lymphoproliferative disorder in a liver transplant patient on FK 506. *Lancet* 336: 296-297, 2 Feb 1991

## Fluorouracil

### see Cyclophosphamide/methotrexate/fluorouracil

## Fluoxetine

### Suicidal ideation: 2 case reports

Masand P, Gupta S, Dewan M. Suicidal ideation related to fluoxetine treatment. *New England Journal of Medicine* 324: 420, 7 Feb 1991

## Fluoxetine overdose

### First report of fatality without concomitant drugs: case report

Postmortem blood and bile levels of fluoxetine were 6000 and 13 000 ng/ml, respectively, in a 58-year-old woman with a history of suicide attempts who had ingested  $\leq 6000$ mg of fluoxetine ('Prozac').

Pulmonary oedema and coronary heart disease were observed at postmortem. She was receiving propranolol prior to death but blood

levels were within the therapeutic range.

Kincaid RL, McMullin MM, Crookham SB, Rieders F. Report of a fluoxetine fatality. *Journal of Analytical Toxicology* 14: 327-329, Sep-Oct 1990

## Gentamicin

### see Amikacin/gentamicin/tobramycin

### see Cefuroxime/gentamicin see Vancomycin interaction

## Glycopyrronium bromide

### First report of central anticholinergic syndrome: case report

'To our knowledge, this is the first reported case of severe acute CAS [central anticholinergic syndrome] following the administration of glycopyrrolate [glycopyrronium bromide].' Agitation, severe bilateral headache, hypertension, tachycardia and tachypnoea developed in a 22-year-old woman approximately 10 min after the administration of IV glycopyrronium bromide 0.2mg, ranitidine and sodium citrate.

The patient was about to undergo laparoscopy for the investigation of pelvic pain. Labetalol had no effect and dilated pupils, photophobia, hot and dry skin, and dry oral mucosa were also observed. IV physostigmine 1mg resulted in a decrease in agitation, BP, HR, respiratory rate and the severity of the headache. A repeat dose after 10 min resolved the headache and further decreased the HR, BP and respiratory rate to acceptable levels. An ECG showed sinus bradycardia and ventricular trigeminy for 30 min then sinus rhythm with frequent ventricular premature complexes for 4 hours. Serum and urine drug screens were normal.

Grum DF, Osborne LR. Central anticholinergic syndrome following glycopyrrolate. *Anesthesiology* 74: 191-193, Jan 1991

## Guar gum

### Oesophageal obstruction: 2 case reports

Opper FH, Isaacs KL, Warshauer DM. Esophageal obstruction with a dietary fiber product designed for weight reduction. *Journal of Clinical Gastroenterology* 12: 667-669, Dec 1990