

Heparin

Thrombopenia: case report

Cardot F, Borg Y, Guedon C, Lerebours E, Colin R. Portal vein thrombosis and heparin induced thrombopenia. *Gastroenterologie Clinique et Biologique* 15: 172-173, No. 2 1991 [French] 4754

Thrombopenia and thrombosis: case report

Manito N, Martinez Brotons F, Ballón H, Gausi C. Thrombosis and thrombopenia associated with heparin use. *Medicina Clinica* 95: 435, Oct 1990 [Spanish] 4786

Hexoprenaline

First report of pulmonary oedema during preterm labour: 4 case reports

Patient 1: Hexoprenaline 1.2 µg/min was used to suppress labour in a 25-year-old woman with a twin pregnancy who was admitted in premature labour at 32 weeks' gestation. IM betamethasone 12mg was administered to promote fetal lung maturity. After 72 hours, the patient experienced tachypnoea, coughing and fever, and became cyanotic. Inspiratory crepitations were heard at both lung bases. Oxygen 4 L/min was administered, hexoprenaline was discontinued and IV furosemide [frusemide] 40mg was given but the PaO₂ only slightly improved. The membranes were ruptured and the twins were born with the aid of forceps. The patient then underwent endotracheal intubation and received assisted ventilation. After 6 hours, her condition improved and she was maintained with spontaneous ventilation and positive airway pressure. The patient was extubated after 3 days and discharged after 10 days.

Patients 2-4: Pulmonary oedema developed within 25-56 hours of receiving hexoprenaline in 3 patients in premature labour. Hexoprenaline doses ranged from 0.5-1.2 µg/min, all patients received betamethasone 12mg and furosemide 20-80mg, and 2 patients received indomethacin. Patient 3 gave birth to twins who subsequently died and all neonates had hyaline membrane disease.

van Iddekinge B, Gobetz L, Seaward PGR, Hofmeyr GJ. Pulmonary oedema after hexoprenaline administration in preterm labour. *South African Medical Journal* 79: 620-622, May 1991 4815

Hydrocortisone

Anaphylaxis: case report

Kawane H. Anaphylactoid reaction to intravenous hydrocortisone sodium succinate. *Medical Journal of Australia* 154: 782, 3 Jun 1991 4808

Anaphylaxis: follow-up comment

Fulcher DA. Anaphylactoid reaction to intravenous hydrocortisone sodium succinate. *Medical Journal of Australia* 154: 782-783, 3 Jun 1991 4809

Ifosfamide

Fanconi's syndrome: case report

Active rickets and a significant decrease in growth velocity occurred in a 26-month-old girl who, at 6 months of age, had undergone surgery followed by 10 courses of ifosfamide 2 × 3 g/m², vincristine and dactinomycin. This treatment had been initiated because of an embryonal sarcoma of the temporal bone with histologically proven involvement of submandibular lymph nodes.

Serum phosphorus was decreased and urine analysis revealed significant glucosuria, increased calciuria and phosphaturia, slight proteinuria and a significant granular cast cylindruria.

Treatment with cholecalciferol 3 µg/day and phosphorus 2 g/day were administered for 4 months after which growth velocity normalised and improvement of the rickets was noted radiologically. However, renal dysfunction persisted.

'This case of ifosfamide-induced Fanconi's syndrome stresses the need for early diagnosis and treatment to prevent the development of rickets and growth retardation.'

De Schepper J, Stevens G, Verboven M, Baeta C, Otten J. Ifosfamide-induced Fanconi's syndrome with growth failure in a 2-year-old child. *American Journal of Pediatric Hematology Oncology* 13: 39-41, No. 1 1991 4792

Indomethacin

Oesophageal disorders: incidence study

Oesophageal lesions were detected in 10 of 50 (20%) patients with rheumatoid arthritis who were randomly selected to undergo endoscopy. All patients had received indomethacin for ≥ 1 year. *'This high*

incidence of asymptomatic oesophageal disease should be considered in long-term management of patients on NSAIDs.'

Gastric damage was observed in 16 patients and duodenal damage was observed in 12.

Swift GL, Arnold JD, Rhodes J. Oesophagitis associated with chronic non-steroidal anti-inflammatory drug use - an under-diagnosed problem? *Postgraduate Medical Journal* 67: 486, May 1991 [Abstract] 4770

Indomethacin see Phenylpropanolamine interaction

Isoniazid + rifampicin

Hepatitis: incidence study

Hepatitis is significantly more common with isoniazid + rifampicin than with either agent alone.

A meta-analysis of 34 clinical trials showed that 1.6% (33 of 2053) of adults who received multidrug isoniazid regimens without rifampicin developed clinical hepatitis and 1.1% (14 of 1264) who received rifampicin without isoniazid developed hepatitis. 2.55% (156 of 6105) combined isoniazid and rifampicin recipients developed hepatitis.

A significant increase in risk was also observed in children. Hepatitis developed in 1.0% (5 of 477) of children who received multidrug isoniazid regimens without rifampicin and in 6.9% (103 of 1502) who received isoniazid + rifampicin. Of patients who received isoniazid monotherapy, clinical hepatitis developed in 0.6% (210 of 38257) of adults and 0.2% (5 of 2047) of children.

Steele MA, Burk RF, DesPrez RM. Toxic hepatitis with isoniazid and rifampin. A meta-analysis. *Chest* 99: 465-471, Feb 1991 [77 references] 4791

Hepatitis: follow-up comment

Glassroth J. Tuberculosis treatment. Risk, benefit and perspective. *Chest* 99: 266-267, Feb 1991 4794

Lidocaine/procaine

Anaphylaxis: case report

Fulcher DA, Katelaris CH. Anaphylactoid reactions to local anaesthetics despite IgE deficiency: a case report. *Asian Pacific Journal of Allergy and Immunology* 8: 133-136, Dec 1990 4745