

## Inosine pranobex

### First report of aggravation of polymyositis: case report



Muscle pain and weakness developed in a 27-year-old woman, preceded by arthralgia and extensor tendon nodules of 2 years' and 12 months' standing, respectively. Active polymyositis was confirmed by needle muscle biopsy. The patient responded to prednisolone therapy 30 mg/day which was gradually tapered. Extensive flat topped plane warts later developed on the face and limbs which were too numerous to treat with podophyllin and cryotherapy and inosine pranobex ['Imunovir'] therapy, 1g had worsened was instituted.

Muscle pain with pronounced weakness after 1 week and inosine pranobex was withdrawn while prednisolone dosage was increased. Reduction of steroids produced further deterioration of polymyositis. Antibodies to Jo-1 were detected. Polymyositis improved rapidly following institution of azathioprine 150 mg/day. Warts gradually disappeared over 2 months and prednisolone was slowly withdrawn.

The authors were '*...unaware of a previous report of the use of inosine pranobex in polymyositis*'. Furthermore they believed the drug was implicated '*... in the deterioration of the polymyositis and it should therefore be used with caution in this and other autoimmune diseases*'.

Chuck AJ, Lloyd Jones JK, Dunn NA, Powell RJ.  
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