

woman developed a palpable purpuric rash on her legs and lower trunk. She had noninsulin-dependent diabetes mellitus and hypertension which were controlled with metformin 1g bid, and atenolol 100 mg/day and aspirin 100 mg/day, respectively. Results from biopsy and direct immunofluorescence staining suggested an acute leucocytoclastic vasculitis.

Burrows N, Jones RR. Rash after treatment with anistreplase. *British Heart Journal* 64: 289-290, Oct 1990

Antihypertensives see Nifedipine/antihypertensives

Antineoplastics

Secondary nonlymphocytic leukaemia: incidence study

Andrieu J-M, Ifrah N, Payen C, Fermanian J, Coscas Y, et al. Increased risk of secondary acute nonlymphocytic leukemia after extended-field radiation therapy combined with MOPP chemotherapy for Hodgkin's disease. *Journal of Clinical Oncology* 8: 1148-1154, Jul 1990 [30 references]

Aspirin

Gross haematuria in an elderly patient: case report

A 65-year-old man experienced gross haematuria after undergoing extracorporeal shock wave lithotripsy for bilateral nonobstructing renal caliceal stones. Haematocrit levels were halved in the postoperative period, necessitating 2 units of packed red blood cells, and large flank ecchymosis developed after 2 days. A CT scan showed bilateral intrarenal, subcapsular and perirenal haematomas. The patient was much improved on discharge 10 days later and has remained asymptomatic.

Close questioning revealed that despite being advised to discontinue aspirin 2 weeks prior to surgery, the man had used aspirin within 1 week of surgery. Interestingly, all coagulation and haematological parameters were tested on admission and were normal. *'Therefore, we recommend that more specific platelet function studies... be implemented'* particularly in patients with recent aspirin use.

Ruiz H, Saltzman B. Aspirin-induced bilateral renal hemorrhage after extracorporeal shock wave lithotripsy therapy: implications and conclusions. *Journal of Urology* 143: 791-792, Apr 1990

Benzydamine

Contact dermatitis and photosensitivity in an elderly patient: case report

Vincenzi C, Cameli N, Tardio M, Piraccini BM. Contact and photocontact dermatitis due to benzydamine hydrochloride. *Contact Dermatitis* 23: 125-126, Aug 1990

Caffeine

see Ephedrine/caffeine/theophylline abuse

see Paracetamol/caffeine/chlorphenamine/phenylephrine

Captopril interaction

Nephrotoxicity with concomitant NSAIDs: incidence study

Drug-induced renal failure was observed in 3 of 162 patients who received NSAIDs and ACE inhibitors concomitantly. These patients (aged 60, 66 and 70 years) all had underlying conditions associated with renal compromise such as hypertension or ischaemic heart disease. Discontinuation of captopril and replacement or discontinuation of the NSAID led to recovery. No cases of renal failure requiring hospitalisation were identified among 2282 patients who received either NSAID or ACE inhibitor monotherapy.

'... In view of the widespread use of both NSAIDs and ACE inhibitors, many more potentially preventable cases of renal failure are likely to occur.'

Seelig CB, Maloley PA, Campbell JR. Nephrotoxicity associated with concomitant ACE inhibitor and NSAID therapy. *Southern Medical Journal* 83: 1144-1148, Oct 1990

Carbamazepine

see Cocaine interaction

Chlorphenamine

see Paracetamol/caffeine/chlorphenamine/phenylephrine

Clavulanic acid

see Amoxicillin + clavulanic acid

Clomipramine

Neonatal withdrawal syndrome following *in utero* exposure: case report

An infant girl born at 39 weeks' gestation developed tachypnoea and recessions 8 hours after birth. The mother had ingested clomipramine 125 mg/day and lorazepam 3 mg/day for the last 8 weeks of pregnancy. Over the next 10 days the baby developed intermittent hypertonia and diaphoresis. All symptoms had resolved by discharge.

'Treatment with such drugs in late pregnancy preferably should be avoided.' Where continued clomipramine therapy is necessary, *'... withdrawal effects should be anticipated and appropriately managed'*.

Singh S, Gulati S, Narang A, Bhakoo ON. Non-narcotic withdrawal syndrome in a neonate due to maternal clomipramine therapy. *Journal of Paediatrics and Child Health* 26: 110, Apr 1990

Cocaine interaction

Attenuation of the "rush" with concomitant carbamazepine: case report

Treatment of an impulse disorder in a 39-year-old man with carbamazepine \leq 1 g/day was well tolerated. During therapy the man continued to abuse cocaine but reported marked attenuation of the associated "rush". The longer lasting cocaine "high" was also affected to a lesser extent. Only cocaine craving was unaffected. *'... Our case illustrates the need for systematic evaluation of anticonvulsants as agents capable of blocking the experience of cocaine rush.'*

After 3 weeks' carbamazepine therapy, the man was able to achieve abstinence as he rated the experience less pleasurable.

Sherer MA, Kumor KM, Mapou RL. A case in which carbamazepine attenuated cocaine "rush". *American Journal of Psychiatry* 147: 950, Jul 1990

Cotrimoxazole

Parkinsonian symptoms in a child with dihydropteridine reductase deficiency: case report

Cotrimoxazole [trimethoprim + sulfamethoxazole: 'Bactrim'] was prescribed for a sinus infection in a 4-year-old girl with a history of dihydropteridine deficiency. Following administration of the third dose of cotrimoxazole, exacerbation