Pidotimod

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Henoch-Schoenlein purpura (first report) in a child: case report

A 9-year-old girl began receiving pidotimod 400 mg/day for recurrent tonsil infections and adenoid-tonsillar hypertrophy. After 8 days, she developed a palpable purpuric rash with lower extremity predominance, diffuse abdominal pain, and arthritis involving the knees and ankles which impeded walking. She had a WBC count of $8.45 \times 10^3/mm^3$, a platelet count of $357 \times 10^3/mm^3$ and a slightly increased serum IgA level. Drug-related Henoch-Schoenlein purpura was diagnosed and pidotimod was discontinued. Within 4 days her abdominal pain resolved and within 10 days her rash had disappeared; her arthritis improved over the subsequent 2 weeks.

Author comment: "*There was a close temporal relationship between drug ingestion and onset of symptoms and when its intake was interrupted the patient's clinical picture improved. For this reason and on the basis of the Naranjo algorithm, adverse drug reaction could be considered possible*".

Cantarini L, et al. Henoch-Schonlein purpura associated with pidotimod therapy. Clinical and Experimental Rheumatology 26 (Suppl. 49): 152, No. 3, May-Jun 2008 - Italy 801127106

» **Editorial comment:** A search of AdisBase, Medline and Embase did not reveal any previous case reports of Henoch-Schoenlein purpura associated with pidotimod. The WHO Adverse Drug Reactions database did not contain any reports of purpura associated with pidotimod.