

re:ACTION August 1994 **No.5**

*An occasional bulletin from the
West Midlands Centre for Adverse Drug Reactions Reporting*

REPORTING TO CSM West Midlands

We welcome Yellow Card reports on all adverse reactions to new (-) drugs and on all serious or unusual reactions to well-established drugs.

Yellow Cards can be found in the BNF, MIMS, the ABPI Datasheet Compendium and in FP10 prescription pads. Further supplies can be obtained from CSM West Midlands.

Please send reports to

CSM West Midlands Freepost BIRMINGHAM B15 1BR.

No stamp is needed.

ADDITIONS TO CLOSELY MONITORED DRUGS include

- alprostadil (Caverject®)
- ciprofloxacin (Ciloxan® eye drops)
- fluticasone (Cutivate® cream)
- zolpidem (Stilnoct®)
- torasemide (Torem®)

RECENT REPORTS

Getting to the bottom of it ... diclofenac and IM injection

Intramuscular diclofenac is licensed for administration by deep, intragluteal injection in the upper outer quadrant of the buttocks. The medical defence organisations have previously advised administration into the thigh as the least unsafe site of intramuscular injection. However, we have received two reports of muscle wasting following administration of diclofenac injection into the thigh. In each case the muscle wasting followed a single injection and was associated with pain and skin reactions (blistering or bruising) at the injection site. The literature reports 6 cases of muscle damage (1 muscle wasting) following diclofenac injection. In all cases the injection had been given into the thigh.

"Amazing Grace" ... pentoxifylline-induced musical hallucinations

(Neurology 1993;43:1621)

A deaf 88 year old woman was prescribed the xanthine derivative pentoxifylline for tinnitus. Within a few days she developed auditory hallucinations which took the form of a male voice singing in her right ear. His favourite song was "Amazing Grace", but he often sang "Rock of

Ages" and "Sweet By and By"! The singing was so persistent that she developed insomnia, for which she was given amitriptyline. The auditory hallucinations stopped soon after pentoxifylline and amitriptyline were stopped and clonazepam substituted. They recurred when she restarted the two drugs, and cleared when they were again stopped.

The most bizarre symptoms can be drug-induced, and we welcome reports of any unusual reactions, even to common drugs.

Acne - and going grey ... minocycline-induced skin pigmentation

(Brit. J. General Practice 1993, April; 173)

We have received a report this year of a patient whose acne has been treated with minocycline and who then developed grey pigmentation of the skin. This complication is mentioned in the British National Formulary, but not in the Product Data Sheet in the current Compendium.

Literature reports include a patient who developed grey pigmentation of acne scars, pigmentation of the tongue and discolouration of the nails after 6 months' treatment, and one who had perioral, conjunctival and unguial grey pigmentation after 4 years' treatment. In the first case, some resolution had occurred by 6/12, but in the second there was no change in pigmentation after two years.

A jaundiced view ... drug-induced liver dysfunction

In the past year CSM West Midlands has been notified of several cases of liver dysfunction associated with drugs. Reactions have ranged from mild abnormalities of biochemical liver function tests to fatal hepatic necrosis. The implicated drugs include:

amiodarone	gliclazide
carbimazole	medroxyprogesterone
cimetidine	mesalazine
ciprofloxacin	omeprazole
co-amoxiclav	ranitidine
flucloxacillin	sodium valproate

Two patients died. The first was an elderly lady who required several anaesthetics for major spinal surgery and who then developed jaundice and hepatic failure. The second was a woman of 62 who received prophylactic low-dose ciprofloxacin treatment because of neutropenia and then developed jaundice and died.

We welcome reports of all serious reactions that could have been due to drugs, whether or not the link is well-established.