Update : réactions médicamenteuses

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Recalled drugs

- Mercury
- Hexamethonium
- Anorexigens: Aminorex; fenfluramine Fen-Phen, benfluorex
- Glitazones: pulomonry edema, congestive heart failure
- Aprotinin: severe coagulopathy
- Levamisole
Levamisole present in ~70% of cocaine samples
- 10% in weight
- 10% present with DAH
- Urine Drug Screen

Toxic Effects of Levamisole in a Cocaine User
- **Propylthiouracil - PTU**
  - 20–64% of patients develop anti-MPO ANCA
  - Elevated titers
  - Multiple targets: anti-lactoferrin, cathepsin-G, BPI protein
  - anti-PR3 c-ANCA rare
  - 5-10% develop vasculitis
    - ¼ develop ILD, AH, pulmonary capillaritis

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**Fig. 1.** Structure of levamisole (A) and aminorex (B).
• Amphetamine & PHTn
• OR: 2.99
• Any PHT should include exposure to amphetamine

Incidence

- ILD 3.5% Thomeer
- ALI 9.5% Dhokahr
- DAH 11-18% Parambil
- BOOP 28%
- EoP 10-18%
Silicone (SES) (Ptox=48)

- Young women. Transsexualism
- Injection by physician - illegally
- Dyspnea, chest pain, hypoxemia
- petechiae, altered consciousness
  - DAH
- Silicone in BAL / tissue
- Questioned neurologic symptoms
  - 20%
  - 100% mortality
Abused and related substances

- DAH
- 'Crack lung'
- ILD
- BOOP
- Pulmonary edema
- Foreign body granuloma

Cocaine, bong pipe
Sildenafil
Cocaine
Cocaine
Cocaine, heroin
Cocaine, heroin

Figure 1. Mushroom plume from pulmonary edema. This may be seen in opiate deaths.
Acute transfixiating chest pain

- Crack cocaine
- Bleomycin, etoposide, methotrexate
- 5-FU
- Nitrofurantoin
- Adenosine, A5'TP, adrenaline
- Triptans: 1-4%
- Statins

Table 1
Frequently used additives/ingredients to adulterate street drugs [22]

- Quinine
- Mannitol
- Lactone
- Glucose
- Procaine
- Caffeine
- Imitol
- Lidocaine
- Skelaxin
- Methamphetamine
- Succinyl
- Acetyl-penicillamine
- Dextrose
- Scopolamine
- Paracetamol
- Fluorohedral
- Methadone
Angioedema

- I Face, lips
- II Tongue, mouth floor
- III Laryngeal and/or extrathoracic trachea
- ACEI OR x3.6)
  - ◊x4 in coloured people
  - ◊+50% in women
- ARB (ARB 1/10th-1/20th)
- Enalapril, isinopril > captopril
- No relationship with ACEI cough
- Incidence
  - ◊0.2-1% yearly
  - ◊-> lifetime risk
- 07/10,000 ED visits

- ≤12 hrs of 1st administration 1/3
- In a few weeks 1/3
- Months-to-years into treatment 1/3
- Average 12-14 mo
- Perioperative...
- **Hx of episodic macroGLOSSIA common**
- **Onset (4 - 6h)**
  - Sore throat
  - Drooling of saliva
  - Abdominal pain
- **Vanes or progresses**
Dean 2001 n=7

Clinical problems in cardiolpulmonary disease

Are Physicians Aware of the Side Effects of Angiotensin-Converting Enzyme Inhibitors?*

A Questionnaire Survey in Different Medical Categories

Carlo Lombardi, MD; Mariangela Crittello, MD; Annarita Dona, MD; Giancarlo Scann, MD; Fabrizio Grisanti, MD; and Giovanni Panfili, MD

- 2005
- Cardiologists: 33.9%, GP: 40%, ‘Allergists’: 34%
Methemoglobinemia
- MetHb: ferric Hb (Fe+++)
- Poor O2 carrier

Diagnosis
- Normal PaO2
- Low - spurious SpO2 readings
- Normal calculated SaO2
- -> Saturation gap

Methemoglobin
- Normal <1%
- Warning >2%
- Symptoms >15-20%
- Mortality > 50-70%

Typical drugs
- Benzocaine, dapsone, NO

Management
- Drug discontinuation
- Oxygen therapy
- Methylene blue
- Exchange transfusion, HBO
Audit on methemoglobin
- Nurses: 32%
- Doctors: 50%

Make sure that:
- People know
- Methylene blue is available

- Abciximab (ReoPro®)
- Tirofiban, eptifibatide, clopidogrel, ticlopidine
- DAH
  - Abciximab: 0.14-0.58% 5.5-12 v. unexposed
  - Eptifibatide: 0.33-0.83%
Onset
- 15min-2d

Easily mistaken

Presentation
- Dyspnea
- Hemoptysis in 60%
- Pulmonary infiltrates
- Hypoxemia
- ≥ 2 g/dL drop in Hb

Rebound pulmonary hypertension
- Abrupt stoppage of NO, prostacycline
- Parameters worse than the baseline
- Marked CV instability
- Can be fatal

Plentiful supply...
## Outpatients

- **Dronedarone – Multaq®**

## Amiodaronoma

- Electron-dense mass
- Can be 18F-DOG-avid
- 15/15 vanished in a few weeks after DTW
Lymphoid hyperplasia - Eosinophilic pneumonia

- **Larsen et al. 2012**
  - Twelve patients (7M)
  - Diffuse infiltrates
  - Histologic review
    - LH 8
    - Acute EoP 2
    - Chronic EoP 2

**Ruangchira-Urai, 2008**
**Anticonvulsants, minocycline (44 drugs)**
- Drug rash, fever, eosinophilia
- Atypical lymphocytes
- HHV 6, 7
- Internal organ involvement
  - Lung: 5-17%
  - Mortality ~5%

**TKIs**

- **Gefitinib Min 2011:** 196 cases
  - Overall incidence
    - Japan 2.8
    - ROW 0.8
  - GGO, septal thickening, diffuse disease
  - Incidence 2.4 – 8.3%
  - Mortality (ARDS) 40 - 70%
  - Mortality (ARDS) 1.3 – 4.3%

- **Erlotinib**
  - 7 reports – 2 fatalities
  - Onset 5d – 2 mo
  - ‘DAD, BO, COP, HP, NSIP, UIP’