CASE REPORT ON ITCHING AND GIDDINESS INDUCED BY IRON SUPPLEMENTS

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ABSTRACT

Objectives: Dengue is a break bone fever caused by virus leading to low levels of blood counts affecting organs like liver and bone marrow. Treatment is essential as it develops life-threatening dengue shock syndrome. Case: A patient aged 16 years, gender female was admitted with the complaint of a headache and loss of appetite & was diagnosed as dengue with thrombocytopenia. Iron deficiency was confirmed by blood reports. Method: Patient was treated with IV antibiotics like ceftriaxone, IV fluids, and other symptomatic treatments. Iron profile showed iron deficiency anemia, due to which iron supplements was started [Inj ferric carboxy maltose]. As she had adverse drug reaction: itching and giddiness after the administration of iron supplements, the drug was stopped. Inj Pheniramine maleate was started because of the reaction. The patient was doing well and discharged with Hb level of 9.0g/dl, platelet count of 105,000 cells/cumm and other medications was continued. Conclusion: Medications and the related adverse reactions are to be considered important which emphasizes the reporting, analysis and prevention of medication error are to be given topmost importance for patient safety.

Keywords: dengue, pancytopenia, iron supplements.

INTRODUCTION

Adverse drug reaction defines as appreciably harmful reaction resulting from an intervention related to the use of a medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alteration of the dosage regimen, or withdrawal of the product. These reactions are currently reported by the use of WHO's Adverse Reaction Terminology [1]. Dengue is the leading health problem affecting major leading to hemorrhagic aberrations like lymphocytosis and thrombocytopenia [2]. Aplastic anemia or peripheral pancytopenia is characterized by dengue fever [3]. Further related infections can lead syndrome known as dengue shock syndrome [4]. Treatment is essential in the forms of fluids and supplements which can reduce many other complications. Pancytopenia is mainly treated with iron supplements and infusions of blood and other fluids for homeostasis. Ferric carboxy maltose rapidly improves hemoglobin levels and replenishes depleted iron stores in various populations in patients with iron-deficiency anemia.

CASE PRESENTATION

A 16 years old female was admitted with complaints of a headache and loss of appetite since past 7 days. No significant past history was found. She was performed with relevant investigations. Blood investigation which showed pancytopenia. Other tests like liver function test, iron profile test, b12 assay, viral serologies and dengue serology were done in which dengue was confirmed positive. The patient had a history of dysmenorrhea. Vital signs were found to be normal. Iron profile showed iron deficiency and advised for intravenous iron supplements.

TREATMENT

She was started with IV fluids, three pints per day. Drugs like ceftriaxone 1 gm BD, pantoprazole 40 mg, ondansetron 4 mg and acetaminophen 500mg BD was given from day one. The patient was started with INJ ferric carboxy maltose in 200ml normal saline twice a day. Itching and giddiness were observed in 15minutes after the administration of the supplements. The infusion was stopped during the reaction and INJ pheniramine maleate was given on IV stat. Hb level improved on the hospital stay. The patient was doing well on the second day after the INJ Pheniramine maleate was given and platelet count was improved to 110000 cells/ cumm. Day three she was stable and appetite was better and she was discharged with Albendazole, antipyretics and iron supplements in oral form.

OUTCOME AND FOLLOW-UP

She was monitored with platelet check twice a day. The patient was stable with a good appetite. Vitals were stable and afebrile. Platelet count was found to be 106000 cells/cumm and Hb level was 9.9g/dl. She was given a set of oral antipyretics and vitamin supplements.

DISCUSSION

Ferric carboxy maltose is tolerated in many clinical trials for iron deficiency anemia. The adverse reactions found were usually minded to moderate in severe cases. Some of the most common reactions found were constipation, abdominal pain with an oral and Injectable form of iron supplements [5]. It is important to treat pancytopenia induced by a dreadful disease like dengue, which can prevent further complications. And main treatment to correct the blood levels is the administration of iron supplements.

CONCLUSION

Management of the drug related problem mainly adverse reaction is important for the patient safety. Dose adjustments and alteration of the drug will prevent such reactions. Reporting of such reactions with yellow card scheme will help the physicians for further evaluation of the medicinal product which to be used.

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REFERENCES