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Acute pancreatitis caused by meglumine antimoniate given for the treatment of visceral leishmaniasis

Pancreatite aguda causada pelo antimoniato de meglumina durante o tratamento da leishmaniose visceral

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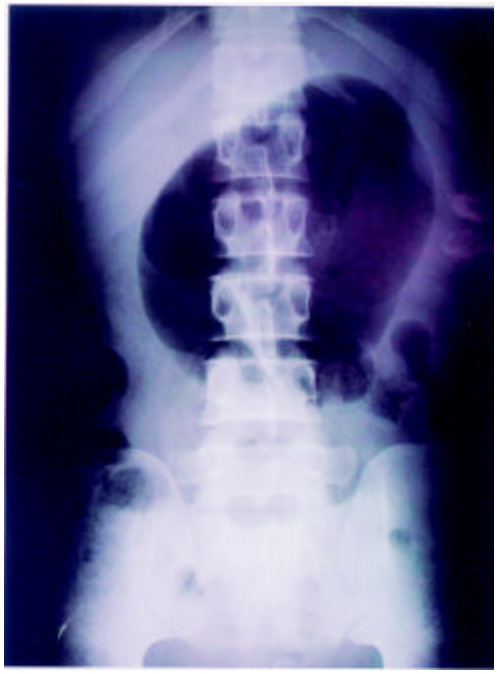

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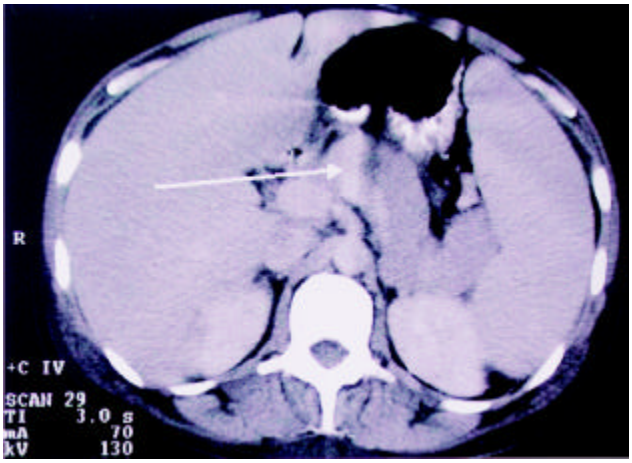

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A 22-year-old man, born in Governador Valadares, Minas Gerais State, was hospitalized with a history of inappetence, fever and a 10kg weight loss in the last two months. Physical examination showed hepatosplenomegaly. Pancytopenia was diagnosed by a routine blood count. Biopsy of the bone marrow revealed the presence of *Leishmania*. Serum albumin was 1.6mg/dl. Anti-HIV test was negative. Glucantime – meglumine antimoniate (20mg Sb^v/kg, body weight/day) was given for 3 days, when he started to complain of severe abdominal pain, nausea and vomiting and the systemic blood pressure dropped to 90/40mmHg. Bowel sounds were found to be decreased. An abdominal plain film showed localized ileus of a segment of the small intestine (*sentinel loop*) (Figure A). A diffusely enlarged, hypoechoic pancreas was revealed by ultrasound of the abdomen. A computerized tomography scan confirmed a diffuse enlargement of the pancreas without contour irregularities, peripancreatic inflammation or fluid collection (Figure B – white arrow). Serum amylase was 411U/L (normal values: 23-300U/L) and lipase was 5235U/L (normal values: 30-110U/L). With a diagnosis of acute pancreatitis caused by glucantime the drug was suspended and standard treatment for moderate to severe pancreatitis was implemented; oral diet was stopped and parenteral nutrition initiated. Gastric contents were aspirated continuously through a nasogastric tube. Twenty days later, oral feeding was reinstated and the patient was treated with azithromycin (500mg every 12 hours for five days). He improved quickly and was discharged from hospital after 10 days. Sixty days later he was examined at the outpatient clinic and was feeling well.

O paciente, de 22 anos de idade, natural de Governador Valadares, MG, informa a presença de inapetência, febre e perda de 10kg de peso nos últimos dois meses. Havia hepatoesplenomegalia e pancitopenia. A biópsia de medula óssea revelou a presença de *Leishmania*. A albumina sérica era de 1,6mg/dl. Um teste anti-HIV resultou negativo. Inicialmente, ele foi tratado com duas ampolas de glucantime por dia (20mgSb^v/kg/dia), por via endovenosa. No terceiro dia de tratamento, apresentou dor abdominal intensa acompanhada de náuseas e vômitos. Havia hipotensão arterial sistêmica (PA = 90/40mmHg). O peristaltismo encontrava-se diminuído. A radiografia simples do abdômen mostrava a distensão de alças intestinais (Figura A). O ultra-som abdominal sugeria aumento de diâmetro do pâncreas e o exame foi confirmado pela tomografia computadorizada; havia aumento difuso do órgão, com contornos regulares, sem sinais inflamatórios ou coleções líquidas (Figura B – seta branca). A amilase sérica era de 411U/L (valores de referência: 23-300U/L) e a lipase de 5235U/L (valores de referência: 30-110U/L). Com o diagnóstico de pancreatite, secundária ao uso de glucantime, interrompeu-se o medicamento e iniciou-se reposição volêmica. A dieta foi suspensa, procedeu-se à aspiração do conteúdo do estômago e iniciou-se alimentação parenteral. Vinte dias mais tarde iniciou-se alimentação oral e o paciente foi tratado com azitromicina (500mg de 12 em 12 horas) por cinco dias. Houve melhora progressiva do quadro clínico com desaparecimento da febre, melhora do apetite e ganho de peso. Ele foi re-examinado em ambulatório 60 dias após a alta hospitalar e encontrava-se em bom estado geral.

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