SHORTNESS OF BREATH WITH URTICARIA DUE TO ONCE MONTHLY RIFAMPICIN

Sir,

We had the opportunity to treat around 300 leprosy patients, both multibacillary and paucibacillary, as inpatients. All the cases were hospitalized for a period of 12–24 months. Multibacillary cases were given IAL modified[1] WHO recommended[2] multidrug regimen. Paucibacillary cases were given WHO recommended regimen. All these cases were closely watched for the adverse effect of the drugs. During this period we came across a very rare adverse effect of rifampicin described by Girling & Hitze[3] as shortness of breath. The following is the short case history.

A 22-year-old male patient from Orissa (India) was admitted in May, 1985 at this centre with generalized infiltration and hypopigmented lesions of 2 months duration. Examination revealed multiple ill-defined shiny hypopigmented macular lesions over trunk, both arms and thighs. There was diffuse erythema over face, both hands, feet, forearms and legs. Patient had only diminished thermal sensations over both hands and feet. All peripheral nerves were thickened but not tender. There was no deformity. Investigations revealed bacteriological index 3·8+, morphological index 8·5%, negative lepramin test and skin histopathology suggestive of lepromatous leprosy. Routine blood, urine and stool examination were within normal limits. The patient was put on daily rifampicin 600 mg for 21 days followed by once a month rifampicin 600 mg along with DDS daily 100 mg and on alternate day 100 mg clofazimine. The patient tolerated daily rifampicin for 21 days without any adverse reaction. The first monthly dose of rifampicin was given after one month of finishing the continuous 21 days rifampicin. The patient developed shortness of breath within half-an-hour of taking rifampicin. The respiratory rate was increased to 34 per min, pulse 100 per min, BP 126/84 mm of Hg and on auscultation of chest bilateral rhonchi were heard. The shortness of breath persisted for about 2 h and then subsided completely but then he developed multiple urticarial rashes all over the body. The patient was given oral antihistamines. The urticarial lesions subsided in about 6 h. After one month the patient was again administered a second monthly rifampicin dose, but this time only 300 mg rifampicin was given. The patient again developed similar symptoms and thereafter rifampicin was omitted and since then he has never developed shortness of breath and urticaria.

The diagnosis of shortness of breath and urticaria due to monthly rifampicin in this case was definite and further confirmed by a provocation test.

Girgling & Hitze[3] have described five distinct syndromes as adverse reaction to intermittent rifampicin therapy given once or twice a week in tuberculosis. They have suggested that these syndromes are unlikely in once monthly regimen. Only very few reports of adverse reaction due to once monthly rifampicin are seen in literature[4-6] and no cases of shortness of breath due to monthly rifampicin have come to our notice.

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