

Letters to the Editor

AN UNUSUAL REACTION TO RIFAMPICIN IN A ONCE MONTHLY DOSE

Sir,

We came across an unusual reaction to a supervised monthly dose of rifampicin in a patient with multibacillary leprosy.

A 47-year-old male, nonalcoholic, a case of BL leprosy was taking MDT comprising a dapsone 100 mg tablet orally daily, a clofazimine capsule 50 mg daily, and a rifampicin 600 mg capsule once a month on an empty stomach for the last 1½ years regularly. He complained of fever with chills and bleeding from the gums, after taking the monthly dose of rifampicin for the last 3 months.

The patient was admitted and a rifampicin 600 mg capsule was given on an empty stomach under observation. One hour after ingestion the patient developed fever with chills, his BP started falling, his respiratory rate was 32 per minute and he had no adventitious sounds in the lungs. The patient was given an injection of hydrocortisone hemisuccinate, 200 mg, intravenously. He was given 1 bottle of normal saline (500 cc) fast intravenously. Warm blankets and leg elevation was given. Within one hour his general condition improved.

After 3–4 hours, he developed punctate bleeding spots over tongue, buccal mucosae and gums. He had scanty bleeding from the oral cavity. This bleeding stopped after a day. The previous three episodes were the same but of milder intensity.

No purpuric spots on the skin or bleeding from other sites were noted.

Laboratory abnormalities were haemoglobin 10 gm%, urine microscopy showed abundant RBC. The bleeding time was slightly raised (6 min 35 s) with a normal clotting time, normal platelet count (3.2 lacs per cubic millimeter) normal prothrombin time and normal LFTs and FTS.

On the 3rd day the bleeding time and urine microscopy was normal. Thereafter, rifampicin was omitted from the antileprosy treatment.

Discussion

Adverse reactions to rifampicin on daily or intermittent intake are cutaneous rashes, gastrointestinal disturbances, hepatitis and thrombocytopenic purpura.¹⁻³

Reactions such as flu-like syndrome, shock, shortness of breath, renal failure, haemolytic anaemia usually occur after intermittent rifampicin intake as in leprosy.¹⁻³

It seems to be less common when a drug is given once a month² as compared to a once a week regimen. Reactions are more frequent when the dosage of rifampicin is 20 mg or more per kg body weight.²

In this case, fever with chills, circulatory collapse are well-known adverse effects to the intermittent intake of rifampicin but bleeding from the oral cavity with raised bleeding time and normal clotting time, prothrombin time platelet count could not be explained.

The transient changes in bleeding time was most probably because of temporary platelet

dysfunction induced by rifampicin rather than thrombocytopenia as the platelet count was normal. Such an unusual reaction to rifampicin has not been reported before.

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