ETORICOXIB-INDUCED ANASARCA AND GASTRIC SIDE EFFECTS AND AKI

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ABSTRACT

Cyclooxygenase inhibitors were developed in the quest of enhanced analgesic efficacy developed in the quest of enhanced analgesic efficacy devoid of gastric side effects. Etoricoxib is a second generation COX 2 inhibitors and as it use increase so do the reports of side effects. We report a case of Etoricoxib-induced Anasarca and gastric side effects and AKI.

KEYWORDS: etoricoxib, anasarca, gastric side effects.

INTRODUCTION

NSAIDS are a drug class FDA approved for use as anti-pyretic, anti inflammatory and analgesic agents. These effects make NSAIDS useful for treating muscle pain, dysmennorhea, arthritic conditions, pyrexia, gout, migraines and used as a opioid -sparing agents in certain acute trauma cases.

NSAIDS are typical;ly divided into groups based on their chemical structure and selectivity: acetylated salicylates(Aspirin), non acetylated salicylates(diflunisal, salsalate), propionic acids (Naproxen, ibuprofen, acetic acids (diclofenac, indomethacin), enolic acids (meloxicam, piroxicam) anthranilic acids (meclofenamate, mefenemic acid), naphyathyalanine (nabumetone), and selective COX 2 inhibitors (celecoxib, etoricoxicib).

CASE REPORT

A 22 years male was admitted in the emergency department with complaints of swelling of B/L lower limbs and upper limbs since 5 days, Abdominal distension and mild facial puffiness since 5 days, Abdominal discomfort in the form of burning sensation and belching episodes since 4 days, decreased urine output since 3 days.

Pt was apparently asymptomatic around 15 days back then he developed Lower backache which was insidious in onset and gradually progressive, initially pain was on moderate activity later progressed even in resting condition and aggravated on sitting position, patient was taken to the nearest hospital for which analgesics and supportive medications were prescribed for 7 days, patient had used only analgesics (i. e etoricoxib 60mg) for 4 days, on day 3 patient started to develop swelling initially in lower limbs and later progressed to upper limbs on day 3 and facial puffiness on day 5, patient also experienced decreased urine output, patient noticed discolouration with mild maculopapular rash over ankle and tibia i. e not associated with any rednesspain, itching or irritation he did not applied any topical medication, gradually on day 6 patient started abdominal discomort in the form of burning sensation and belching episode, with above complaints patient presented to our hospital, and we immediately advised to withhold etoricoxib. Patient was admitted on day 6 in our hospital/casuality and was treated symptomatically, (without diuretics), all symptoms subsided gradually and patient was discharged in hemodynamically stable condition.

DISCUSSION

Effective NSAID etoricoxib has been shown to cause few cutaneous adverse reactions to yet. But even in questionable situations, it's important to be aware of the potential for any kind of negative pharmacological reaction. In our instance, the Naranjo score was used to confirm the diagnosis. To our knowledge, no patient receiving has before been documented to have pretibial erythema together with Anasarca, GI side effects and AKI.

In this patient not only cutaneous side effects along with that there is generalized body swelling (i.e Anasarca), Found some of the GI side effects like abdominal distension and abdominal pain that he experienced on day 5, basic tests were done on day 1 i.e on admission in casuality in our hospital results his temperature, blood pressure were in normal limits, serum creatine is 1. 3 mg/dl and with mild raised total bilirubin i.e 1. 2. inview all these elevations, had advised to withhold etoricoxib, The genralised edema, erythmea, abdominal discomfort and belching episodes resolved after discontinuing of medication. oral challenge test was not done and naronjo's score is 5 denoting therapy that this was probably drug induced adverse reaction.

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