P-38 Be on your guard against ChE inhibitor!

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Introduction

Distigmine bromide, an anticholinesterase, is widely used for neurogenic bladder. This was reported to cause cholinergic crisis as a fatal side effect. So, the clinical dose has been limited for dysuria.

We report a case of cholinergic crisis caused by distigmine bromide, even though its usual dose.

Case presentation

The patient is a 77-year-old Japanese male with the past medical history of neurogenic bladder due to old cerebral infarction which he developed 8 months ago. He was prescribed 5 mg/day of distigmine bromide at that time.

He conspicuously lost his appetite one week prior to admission and was transferred to emergency room because of his altered mental status with excessive salivation, bradycardia and hypoxia.

On his arrival, his vital signs were BT 36.3°C, HR 90/min, regular rhythm, RR 24/min, O2 saturation 91% with supplemental oxygen flow at 10 l/min, and BP 58/42 mmHg. He had hypoxia and shock. Physical examination only indicated the symptom of parasympathicotonia such as miosis and sweat. There were no significant signs of septic shock and cardiogenic shock like arrhythmia. His serum ChE value decreased at 16 IU/l.

Therefore cholinergic crisis was suspected. The symptoms and shock were improved by atropine.

Serum concentration of distigmine bromide found to be 57.3 ng/ml, which is five times more than its therapeutic range. Accordingly, a diagnosis of cholinergic crisis was made. After stopping it, the excessive secretion and hypotension were improved in step with a rise of ChE value.

Discussion

Distigmine bromide is commonly prescribed in Japan despite the risk of cholinergic crisis, which is fatal condition. In many cases, it occurs right after medication, but in almost quarter cases, it does after more than a month.

Therefore, if the patient taking it has the symptoms of cholinergic stimulation, cholinergic crisis should be listed in the differential diagnosis, and then, we need to stop it immediately and consider using atropine.