

R é s u m é

L'auteur expose l'observation d'un jeune homme de 25 ans présentant une hypertension artérielle permanente; le diagnostic de phéochromocytome fut affirmé par une énorme opacité au niveau de la surrenale gauche et un test à la régimine franchement positif. La tumeur fut enlevée et le malade meurt 1/5 heures après l'opération dans un état choc et collapsus.

Le rétro-pneumo-péritoine est un examen très utile pour le diagnostic des phéochromocytomes, mais son interprétation peut être très difficile. Par contre les tests pharmacodynamiques sont des tests simples et de grande valeur dont la positivité permet d'affirmer l'existence d'une tumeur sécrétant de l'adrénaline. Parmi ces tests l'épreuve à la régimine mérite une mention particulière par sa fidélité et son innocuité.

La thérapeutique de ces tumeurs ne peut être que chirurgicale l'intervention est grevée d'une assez lourde mortalité liée à des accidents opératoires d'hypertension paroxystique ou à un collapsus post-opératoire. Si ces accidents sont évités, l'intervention entraîne une guérison complète et définitive.

S u m m a r y

A case of pheochromocytoma in a man of 25 with permanent hypertension is described.

The value of Regimine Test and retroperitoneal radiography in diagnosis is emphasized. Diagnosis had been confirmed by surgery and histological examination of the mass.

B i b l i o g r a p h i e

- 1 - BONNIN (H), Dubourg (G), MORRETTI (G), et PENE (P.) phéochromocytome surrenale cure chirurgicale. Considération sur, E.G.G. l'évolution par poussées et les séquelles vasculaires et rénales, Presse médicale 1952, 60 1773, 1774.
- 2 - Bickel (G.) et Odier (J.) - Genève-Rapports Présentés au XXIXe congrès Français de Médecine.
- 3 - GIRAUD (P), SALMON (M), BERNARD (R), ORSINI (A) HEURTEMATTE (A) et RAYBAUD (C) la Semaine des hôpitaux No 42- 4316, 1956, 2435, P- 345.
- 4 - GOLDENBERG (M), humoral and neurogenic Factors, Ciba Fondation Symposium.
- 5 - LAROCHE (C) et REBOUL - La Semaine des hôpitaux No 243, 1956 1353, S. P. 109.
- 6 - MILLIEZ (PAUL), La revue du Praticien, Tome X, No. 2. 1960 P. 130.

SEVERE URTICARIA FOLLOWING ERYTHROMYCIN THERAPY

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Untoward reactions to erythromycin are uncommon and usually of little consequence. Mild gastrointestinal symptoms have been reported from the use of this antimicrobial. Intramuscular injection may cause induration and discomfort at the site and topical application rarely causes irritation. The allergenicity of this drug is believed to be of low degree (Goodman & Gilman, 1955).

The purpose of this paper is to report an instance wherein erythromycin caused urticaria so severe that therapy was stopped.

Report of a Case

A 24 year old man was admitted to Nemazee Hospital because of difficulty in walking of 4 months duration. After a complete work-up an operation for herniated intervertebral disc was performed. Post operatively the patient received penicillin and streptomycin for prophylaxis but fever developed 10 days later. On 2 occasions the blood culture was positive for coagulase positive, Staphylococcus albus (sensitive to all antimicrobics except polymyxin). On 14th day the site of surgical wound was reopened and pus exuded. Two days later glycosuria was discovered. The diabetes was controlled with 40 to 45 units of NPH insulin daily. Since the infection failed to respond to penicillin, on 18th day postoperatively, it was discontinued and 250 mg. erythromycin was given four times daily. The next day severe urticaria and itching appeared and the drug was stopped. An intradermal skin test was performed by injecting 0.2 ml. of a solution containing erythromycin (250 mg. in one liter of normal saline) and marked erythema was noted within 24

hours. Since the previous test revealed the staphylococcus to be sensitive to penicillin, it was again given in amounts of 1 million units, intravenously twice a day and 600,000 units intramuscularly every 6 hours for a week. The urticaria and itching disappeared after Histadyl 10 mg. intramuscularly was administered and erythromycin was discontinued. Since fever continued unabated, it was decided to administer novobiocin 1 gm. a day, on 26th day postoperatively. Two days later the patient developed signs of splenic infarction or abscess. A splenectomy was performed but massive pulmonary infarction and death occurred two days later.

Discussion and Summary

Erythromycin is believed to cause no serious reactions after large doses, nausea, rarely vomiting and occasionally abdominal pain and diarrhea may occur, (Herrell, 1954). According to Kagan and Faller (1955) no allergic reaction to erythromycin has been reported. Phlebitis and thrombosis have been observed, (Shoemaker & Yow, 1954). In a report by Solomon and Johnson, (1955) toxic reactions were recorded as being uncommon. In a large series of cases, only one patient had a rash, another had fever possibly due to the drug, one had nausea and vomiting and 4 had loose bowel movements while under therapy. Among the 122 patients treated with erythromycin, therapy was stopped owing to side effects in only one.

My patient had severe urticaria within 24 hours of beginning therapy with erythromycin and a positive skin test was observed. It was believed to be an allergic reaction caused by the drug.

R é s u m é

Il semble que l'Erythromycine ne produit pas de réactions sérieuses. Nausée, rarement vomissement et occasionnellement de douleurs abdominales et des diarrhées peuvent apparaître après l'administration de doses massives (Harrel, 1954). Selon Kagan et Faller (1955) aucune réaction allergique due à l'Erythromycine a été rapporté. Des cas de phlébite et de thrombose été observé. (Shoe Maker & Yow, 1954). Dans un rapport fait par Solomon et Johnson (1955) les réactions toxiques sont considérées comme inhabituelles. Dans une large série de cas, un seul patient avant une éruption, un autre de fièvre probablement due au médicament, un malade avait des nausées et des vomissements et 4 malades présentaient des diarrhées pendant l'administration de médicament. Parmi les 122 patients traités à l'Erythromycine, dans un seul cas on a dû arrêter la thérapeutique à cause de l'intolérance médicamenteuse.

Mon malade avait dans les 24 h. de l'administration, un urticaire sévère et le test cutané était nettement positif. Il semble qu'il s'agissait d'une réaction allergique due au médicament.

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References

- 1 - Goodman, L.S. and Gilman, A. (1955) The Pharmacological Basis of Therapeutics (second edition), The Macmillan Company, New York P. 1399.
- 2 - Herrell, W.E. (1954) Med. Clin. N. America (Mar) P. 596,
- 3 - Kagan, B.M., and Faller, L. (1955) Med. Clin. N. America. (Jan) P. 111.
- 4 - Shoemaker, E.H. and Yow, E.M. (1954) AMA Arch Int. Med. 93,397.
- 5 - Solomon, S., and Johnson, B. (1955). Am. J. Med. Sc., 230,6'0.