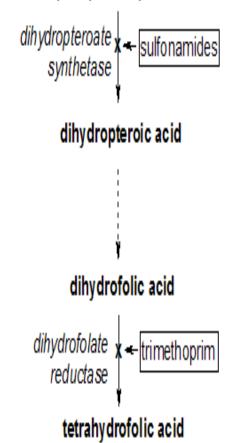
Resprim (Trimethoprim - sulfamethoxazole) toxicity

By Tal Berger

Mechanism of action

- Inhibiting bacterial synthesis of dihydropteroate diphosphate + p-aminobenzoic acid (PABA) folic acid.
- <u>Trimethoprim</u> selective inhibitor of bacterial dihydrofolate reductase
- <u>Sulfamethoxazole</u> competitive inhibitors of dihydropteroate synthetase (competion with PABA).
- Usually are given together as a combination, due to synergic effect.



Indications

- UTI (treatment and prevention)
- Acute excerbations of chronic bronchitis
- Traveler's diarrhea (Entrogenic E.coli)
- Enteritis (caused by Shigella bacteria)
- Severe otitis media (in children)

<u>contraindications</u>

- Hypersensitivity to the drug
- Megaloblastic anemia due to folate deficiency
- Marked hepatic damage
- Severe renal disease
- Pregnancy
- Breast feeding

Adverse effects (toxicity)

- <u>**GI effects**</u> nausea, diarrhea, abdominal pain, anorexia, loss of apetite)
- <u>**Blood dyscrasias**</u> agranulocytosis, megaloblastic anemia, thrombocytopenia
- <u>Dermatologic reactions</u> pruritus, rash, photosensitivity, Steven Johnson syndrom, Toxic epidermal necrosis

- <u>Hepatotoxicity</u>
- <u>Renal manifestations</u> crystalluria, increased BUN, increased creatinine, interstitial nephritis, nephrotoxicity, renal failure
- <u>**Respiratory effects**</u> cough, dyspnea,

pulmonary infiltrates

• <u>Metabolic disturbances</u> – hyperkalemia,

hyponatremia

Therapeutic Doses

- 100 mg every 12 hours
- 200 mg every 24 hours
- Therapy is maintained for 10 days
- In patients with renal diseases it may be needed to give lower doses (drug is eliminated by the kidneys)

And the connection to our patient...

- <u>Patient's name</u> : Reuven Even Shushan
- <u>Age</u>: 71 years old
- <u>Main complains</u>: weakness, nausea, vomiting.
- <u>Current Disease</u>: A week before admission a Resprim treatment was started directed against Resprim sensitive S.maltophilia(**13.5**

ampules were given during this week).

- <u>In the background</u>: Chronic renal failure (treated with dialysis).
- Labs: Hemoglobin 10.28 g/dl, MCV 102.6 fL, Platelets 123 K/microL

<u>conclusion</u>

Always keep in mind the danger of overdose

when treating your patient with Trimethoprim-

sulfamethoxazole, <u>especially when the patient</u>

suffers from renal diseases.

Thank you!