

Pregabalin

Incomplete atrioventricular block in an elderly patient: case report

A 67-year-old man developed incomplete atrioventricular block following treatment with pregabalin for neuropathic pain.

The man had experienced an ischaemic stroke in the left posterior cerebral artery; he was later administered pregabalin 75 mg/day [route not stated] for neuropathic pain associated with cranial nerve V (site of ischaemic injury). His dose was increased by 75mg every 5 days up to a maximal dose of 75mg + 150 mg/day. An ECG revealed first-degree atrioventricular block with a PR of 0.24 s, 15 days after initiating pregabalin. Due to the possibility of cardiac rhythm abnormalities, as specified in the pregabalin data sheet, pregabalin was gradually withdrawn.

Repeat ECGs revealed reduction of the PR interval as the man's pregabalin dose was reduced. On discontinuation of pregabalin, normalisation of PR interval was noted.

Author comment: *Our case therefore represents an interesting case study, because it highlights the fact that in some patients, pregabalin can be responsible for lengthening the PR interval, even at an appropriate dose and in the absence of renal insufficiency.*

Scarano V, et al. Incomplete atrioventricular block in a patient on pregabalin therapy. *Recenti Progressi in Medicina* 104: 574-576, No. 11, Nov 2013 [Italian; summarised from a translation] - Italy

803109533