

Levofloxacin

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Acute hepatitis in an elderly patient: case report

A 77-year-old man developed acute hepatitis while receiving levofloxacin treatment for pneumonia.

The man, whose medical history included chronic bronchitis and arterial hypertension, initially presented at an ED with a productive cough and breathing difficulties. He was diagnosed with a probable infectious-related haemolytic anaemia and pneumonia. Against medical advice, he was discharged after symptomatic relief was achieved from bronchodilator treatment and oxygen. He was prescribed levofloxacin 500mg once daily [*route not stated*] and continued to receive salmeterol/fluticasone propionate, with salbutamol used as required. Three days later, follow-up blood tests revealed worsening of his anaemia and he was admitted. He continued to receive levofloxacin with bronchodilators and began prednisolone treatment. All other medications were suspended. On hospital day 3, his condition showed clinical improvement. However, on the seventh day of levofloxacin therapy, laboratory tests revealed elevated levels of transaminases, including AST of 298 U/L, ALT of 570 U/L and LDH of 936 U/L. Viral and autoimmune causes of liver toxicity were excluded.

Levofloxacin was the suspected cause of the man's hepatitis and was withdrawn. Results of a liver biopsy were consistent with a toxic lesion and supported the diagnosis of levofloxacin-associated hepatotoxicity. After 28 days hospitalisation, he was asymptomatic, his liver enzymes were approaching normal ranges and he was discharged. Two weeks later, his transaminase levels had normalised and remained stable after 6 months.

Author comment: "The Naranjo Adverse Drug Reaction Probability Scale, . . . if applied to our case, classified it as "probable" (score = 7). The Council for International Organizations of Medical Sciences/Roussel Uclaf Causality Assessment Method Scale provided a score reflecting the likelihood of hepatic injury due to a specific drug. According to this scale, our case was "highly probable" (score = 9)."

Figueira-Coelho J, et al. Acute hepatitis associated with the use of levofloxacin. *Clinical Therapeutics* 32: 1733-1737, No. 10, Sep 2010. Available from: URL: <http://dx.doi.org/10.1016/j.clinthera.2010.09.004> - Portugal 803048759