Nilotinib

Hyperbilirubinaemia: case report

A 48-year-old woman was diagnosed with chronic myeloid leukaemia in October 2000; she developed hyperbilirubinaemia during treatment with nilotinib.

The woman started receiving nilotinib 400mg twice daily, and presented 10 days later with icteric sclera.

The woman received concomitant treatment with itopride and a histamine H_2 receptor antagonist. Blood analysis showed a direct bilirubin level of 0.5 mg/dL, and a serum total bilirubin level of 3.9 mg/dL. Concomitant treatment was discontinued. One week later, her total bilirubin level was 4.3 mg/dL, and nilotinib was discontinued. Her total bilirubin levels had normalised 2 weeks later.

The woman was rechallenged with nilotinib 400mg twice daily, and she developed jaundice a second time, with total bilirubin level of 3.8 mg/dL. Nilotinib was discontinued, and her total bilirubin level returned to normal. She started receiving nilotinib 400mg once daily, and her total bilirubin level remained at 1.7 mg/dL. *UGT1A1* genotyping revealed that she was heterozygous for two polymorphisms which are commonly linked to Gilbert's syndrome (GS).

Author comment: "*We found that our patient had two UGT1A1 polymorphisms, being heterozygous for both UGT1A1*6 and UGT1A1*60, both of which are associated with GS.*"

Kim MK, et al. Nilotinib-induced hyperbilirubinemia: is it a negligible adverse event? Leukemia Research 33: e159-e161, No. 9, Sep 2009 - South Korea

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