

**Methylprednisolone/prednisone****S****Tumour lysis syndrome in an elderly patient: case report**

A 65-year-old man developed corticosteroid-induced tumour lysis syndrome.

The man was receiving interferon and methylprednisolone 8 mg/day [*duration of therapy not stated*] for mycosis fungoides, when he was hospitalised with presumed *Pneumocystis carinii* pneumonia. He was treated with antibacterials and IV prednisone 40mg twice daily to prevent lung injury and his urine was alkalinised. During the next 4 days he developed oliguric renal failure due to tumour lysis syndrome. Uric acid crystals were detected in his urine and he had a peak serum uric acid level of 15.5 mg/dL. Further investigations revealed a serum creatinine level of 3.8 mg/dL, a urinary uric acid-to-creatinine ratio of 1.5, a phosphorus level of 7.9 mg/dL, a calcium level of 6.1 mg/dL and a potassium level of 5.2 mmol/L.

The man was treated with IV rasburicase for 3 days. His uric acid level decreased to 0.5 mg/dL and his creatinine level normalised. However, he subsequently died of multiple organ failure on hospital day 55.

**Author comment:** "*Administration of steroids for noncytoreduction purposes in patients with lymphoproliferative disorders can lead to [tumour lysis syndrome].*"

Kopterides P, et al. Steroid-induced tumor lysis syndrome in a patient with mycosis fungoides treated for presumed *Pneumocystis carinii* pneumonia. American Journal of Hematology 80: 309, No. 4, Dec 2005 - Greece 801026235