

3rd International Conference and Exhibition on Pharmacovigilance & Clinical Trials

October 27-29, 2014 Hyderabad International Convention Centre, India

Drug induced leukocytoclastic vasculitis: A case report

Sri Preethy N N
JSS University, India

Objective: To report a case of leukocytoclastic vasculitis associated with the use of Isophane+regular Insulin.

Case Summary: A 67 year old female patient was admitted to the Department of Dermatology with complaints of reddish, raised lesion on the distal parts of the lower limb since 1 year. Patient is a known case of Type II Diabetes mellitus since 17 years and has been in subcutaneous insulin (isophane+regular) therapy. She was initially diagnosed and treated for pupura, but symptoms did not subside. Later, it was diagnosed as leukocytoclastic vasculitis based on histopathological study report and referred to Department of Pharmacy Practice for evaluation of association between therapy with insulin and risk of leukocytoclastic vasculitis. A complete literature review confirmed an association between isophane insulin and leukocytoclastic vasculitis. Based on Clinical Pharmacist opinion, Physician stopped insulin and temporarily started with oral hypoglycaemic agents (Glimiperide+Metformin, 5+500mg) and insulin was stopped. Also was treated symptomatically with antihistamines (Levocetirizine 5mg, Mometasone cream 0.1%). There was a drastic improvement in the patient's condition and the pupuric rashes subsided by day 5. Based on WHO and Naranjo's Algorithm Adverse Drug Reaction (ADR) scale, it is considered possible.

Conclusion: This case presents the risk of long term use of insulin associated with the cause of leukocytoclastic vasculitis, of which clinicians should be aware of while treating a type 2 diabetic patient with isophane/regular insulin.

Biography

Sri Preethi N N is presently pursuing PharmD final year/ Intern, at JSS Medical College Hospital under JSS College of Pharmacy, JSS University and Mysore.

prth.sakura@gmail.com