ASEPTIC MENINGITIS INDUCED BY INTRAVENOUS IMMUNOGLOBULIN

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The use of intravenous immunoglobulin (IVIg)

for the treatment of different pathologies is increasing and has shown a good safety profile. However, rare but serious adverse reactions (AR) as aseptic meningitis (AM) are described in the product information (PI).

PURPOSE

To describe and analyze five cases of AM in patients treated with IVIg in our center.

MATERIAL AND METHODS

A literature search was conducted on the AR of IVIg. The case analysis was established using Karch-Lasagna algorithm.

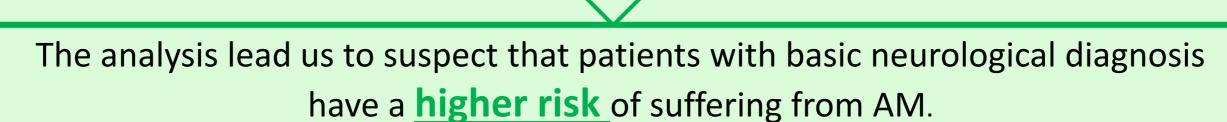
RESULTS

5 cases of AM notified Period: Three months 80% women

<u>Clinical</u> manifestations

- Headache
- Fever
- Nausea and vomiting
- Photophobia
- Symptoms commenced 48 hours after infusión
- Lumbar puncture was compatible with AM

Every case reported had a <u>neurological-based pathology</u>: myasthenia gravis, nystagmus, multiple mononeuropathy, syndrome of Parsonage-turner and sensitive-motor polyneuropathy.



All patients

Received IVIg of the same Brand, presentation and even somo of the same batch.

Received <u>an individualized administration form</u> prepared by the pharmacist including premedication information and the rate of administration of the IVIg calculated according to patient weight and PI

The Karch-Lasagna algorithm in these cases established a **possible causal relationship** between IVIg and the occurrence of AM.

PREVENTIVE MEASURES

- ✓ Reduce the speed of individualized administration
- ✓ Insist that good hydration is important to prevent this adverse effect.

CONCLUSION

- IVIg have demonstrated efficacy and a good safety profile in Clinical Trials; however, possible AR due to its use can be observed.
- The role of the pharmacist is important in the individualized information by patients about the administration of immunoglobulins.
- In order to reduce the incidence of AM, it is suggested to start the initial infusion at a slow rate, prehydration and premedication therapy.