



DEVELOPMENT OF HYPOMAGNESEMIA IN CRITICAL PATIENTS TREATED WITH ISAVUCONAZOLE

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Background and Importance

Isavuconazole is an antifungal drug indicated in invasive aspergillosis and mucormycosis in patients for whom amphotericin B is not appropriate. A rare adverse effect of this drug is hypomagnesemia, which can trigger other electrolyte disturbances such as hypocalcemia or hypokalemia.

Aim and Objectives

To observe the occurrence of hypomagnesemia in a cohort of patients treated with isavuconazole.

Materials and Methods

Primary endpoint

Variables collected



Descriptive, observational, retrospective study



2021



Patients treated with isavuconazole



Incidence of hypomagnesemia

- Sex
- Age
- [Mg²⁺] plasmatic before
- [Mg²⁺] plasmatic after
- Treatment duration
- Intravenous Mg rescue
- Use of proton pump inhibitors

Results

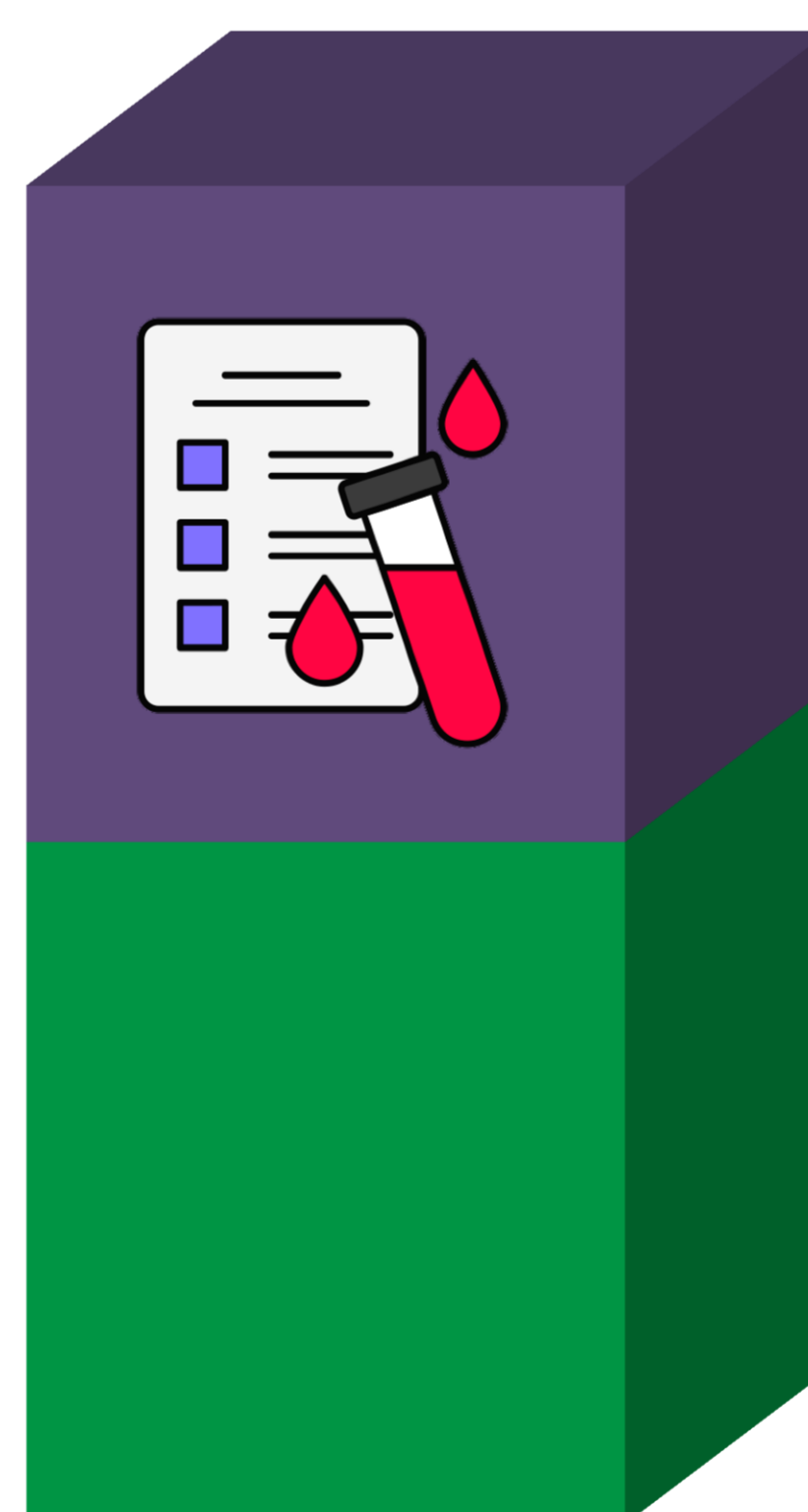
37 patients included



Median age: 63 years (Min-max; 24-62)

68% were men

Mean treatment duration: 6±4 days



Magnesium was measured in 18 patients (49%)

- 12 patients treated with pump inhibitors
- [Mg²⁺] plasmatic before: 0,88±0,18 mmol/L
- [Mg²⁺] plasmatic after: ±0,14 mmol/L



Hypomagnesemia was detected in 6 (17%) patients ●●● 11% required intravenous Mg rescue

Conclusion

Since hypomagnesemia is a known adverse reaction to the administration of this antifungal drug, and that it can cause other electrolyte alterations, it may be advisable to monitor plasma magnesium levels more closely during the duration of treatment.