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INTRODUCTION

Angioedema is a rapid swelling of the skin and mucous membranes in the head and neck area and should be treated as an emergency [1]. Rituximab is a chimeric monoclonal antibody used in chemotherapy against the CD20 surface molecule [2].

OBJECTIF

This work is aimed to evaluate the efficacy and the safety of rituximab administration by determining the causality of suspected angioedema in patients receiving chemotherapy.

MATERIELS & METHODS

We are reporting two cases of angioedema on Rituximab :

- A 66 years old man with DLBCL who received four courses of RCHOP (Rituximab, Cyclophosphamide, Doxorubicin and Vincristine). On the fifth course and 15 minutes after starting administration of rituximab, he developed angioedema, after that, he received hydrocortisone and adrenaline and was quickly transferred to the intensive care unit, 12 hours later, he was pronounced dead
- A 52 years old woman with a history of pulmonary tuberculosis treated 18 years ago, treated for marginal zone lymphoma with RCHOP protocol, she presented an angioedema two hours after the start of the rituximab infusion during the 2nd course of the protocol. The patient received hydrocortisone and adrenaline and she recovered well.

The cause/effect assessment was carried out according to the French method after a thorough investigation [3].



Figure 1 : angioedema

Administration	Délai d'apparition						
	Suggestif			Compatible			Incompat.
Arrêt	ré-administration						
	+	0	-	+	0	-	
Evolution suggestive	C3	C3	C1	C3	C2	C1	C0
Evolution non concluante	C3	C2	C1	C3	C1	C1	C0
Evolution non suggestive	C1	C1	C1	C1	C1	C1	C0

Figure 2 : Chronology of effect study

Sémiologie	Evocatrice			Autres éventualités		
	Examen complémentaire spécifique fiable					
	+	0	-	+	0	-
Absente	S3	S3	S1	S3	S2	S1
Possible	S3	S2	S1	S3	S1	S1

Figure 2: Study of the semiology of the effect

Combinatoire des scores chronologiques et sémiologique	Score d'imputabilité intrinsèque
C0 ou (inclusif) S0	I0
C1S1	I1
C1S2 C2S1	I2
C2S2	I3
C1S3 C3S1	I4
C2S3 C3S2	I5
C3S3	I6

Figure 4: Intrinsic imputability score

RESULTS & DISCUSSION

For both cases, the results showed that rituximab was incriminated with an intrinsic imputability score of I5 and an extrinsic imputability score of B4, caused by administration of a high rate of rituximab (200mg/h) at the start of the infusion.

To avoid this type of adverse event, the hospital pharmacist adjusted the rituximab infusion, starting with infusion rate of 50mg/h for 30 minutes and then increasing by 50mg/h every 30 minutes to reach a maximum of 400mg/h.

CONCLUSION

This observation illustrates the role of the hospital pharmacist in making nurses and doctors aware of the risks of administering drugs that can cause angioedema, in particular rituximab, to prevent the risk of incidence and improve vital prognosis..

REFERENCE