









METHOTREXATE-INDUCED MYELITIS IN A CAUCASIAN GIRL WITH LYMPHOBLASTIC LYMPHOMA AND PHARMACOGENETIC STUDY: CASE REPORT

L.E. PINEDA LANCHEROS¹, C. PÉREZ RAMÍREZ², N. BÁEZ GUTIÉRREZ³, A. ESPINOSA RODRIGUEZ⁴, A. SÁNCHEZ MARTÍN⁴.

¹PHARMACOGENETICS UNIT. PHARMACY SERVICE, UNIVERSITY HOSPITAL VIRGEN DE LAS NIEVES, GRANADA, SPAIN.

²PHARMACY SERVICE., UNIVERSITY HOSPITAL VIRGEN MACARENA, SEVILLA, SPAIN.

³PHARMACY SERVICE, UNIVERSITY HOSPITAL VIRGEN DEL ROCÍO, SEVILLA, SPAIN.

⁴PHARMACY SERVICE, UNIVERSITY HOSPITAL VIRGEN DE LAS NIEVES., GRANADA, SPAIN.

lepinedal@correo.ugr.es

5PSQ-162

ATC code: L01 - Cytostatics

Background and importance

Methotrexate (MTX) is widely used in pediatric chemotherapy treatment and is effective. However, it presents a significant toxicity.

Myelopathy is a rare but serious complication, usually related to mechanical damage caused by multiple lumbar punctures and the administration of drugs by this route.

The main symptoms are loss of sensitivity, alteration of motor neurons, root pain, and sphincter incontinence.

Aim and objectives

a Caucasian girl with

We present a clinical case of a Caucasian girl with precursor B-cell lymphoblastic lymphoma, stage IV, that affects the central nervous system (CNS) type 3.

She presented neurotoxicity after administration of intrathecal MTX. She received treatment under EURO-LB02 protocol.

Material and methods



After 7 doses of intrathecal triple (TIT) she began to experience distal tremor with numbness in the feet and slight ataxia.

Gradually, the
numbness
increased and she
developed areflexic
paraparesis with
static and kinetic
ataxia that
prevented her from
walking. There was
no cognitive
impairment.

MRI showed
areas of
leukoencephalo
pathy and
homogeneous
hyperintensity
in the posterior
segment from
T1 to T12,
suggesting
dorsal myelitis.

Folic acid and vitamin B12 levels were normal.
Lymphoblastic invasion of the CNS was eradicated.

To treat myelitis, she received methylprednisone, dextromethorphan, sadenosylmethionine, folinate, cyanocobalamin and intensive rehabilitation.

Due to the patient's clinic, we analyzed 22 single nucleotide polymorphisms (SNPs) associated with the MTX metabolic pathway by TaqMan real-time PCR.



Results

Ten altered SNPs were found, mainly in genes encoding transport proteins (ABCB1 and ABCG2) and enzymes in the folate pathway (MTHFR)

These SNPs could explain the toxicity manifested.
However, there is a low level of evidence to support it.

During subsequent
cycles of
chemotherapy, MTX
was discontinued from
TIT and intravenous
MTX was gradually
titrated to full doses.

Currently, the patient is in reinduction phase and has shown partial recovery from myelitis.

She was rescued with leucovorin after intravenous MTX and the levels of MTX were always in the normal range without notable toxicity.

Conclusion and relevance

MTX may cause spinal cord dysfunction in children, especially when the intrathecal route is used. SNPs in enzymes involved in pharmacokinetics and pharmacodynamics may be the cause. However, more studies are needed to confirm these findings and transform them into information applicable in clinical practice.



References

1. Erdilyi DJ, Kámory E, Csókay B, Andrikovics H, Tordai A, Kiss C, Filni-Semsei A, Janszky I, Zalka A, Fekete G, Falus A, Kovács GT, Szalai C. Synergistic interaction of ABCB1 and ABCG2 polymorphisms predicts the prevalence of toxic encephalopathy during anticancer chemotherapy. Pharmacogenomics J. 2008 Oct;8(5):321-7.

2. Mahadeo KM, Dhall G, Panigrahy A, Lastra C, Ettinger LJ. Subacute methotrexate neurotoxicity and cerebral venous sinus thrombosis in a 12-year-old with acute lymphoblastic leukemia and methylenetetrahydrofolate reductase (MTHFR) C677T polymorphism: homocysteine-mediated methotrexate neurotoxicity via direct endothelial injury. Pediatr Hematol Oncol. 2010 Feb;27(1):46-52.

3. Strunk T, Gottschalk S, Goepel W, Bucsky P, Schultz C. Subacute leukencephalopathy after low-dose intrathecal methotrexate in an adolescent heterozygous for the MTHFR C677T polymorphism. Med Pediatr Oncol. 2003 Jan;40(1):48-50.