

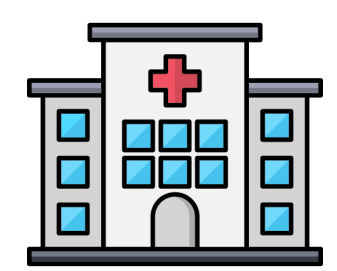
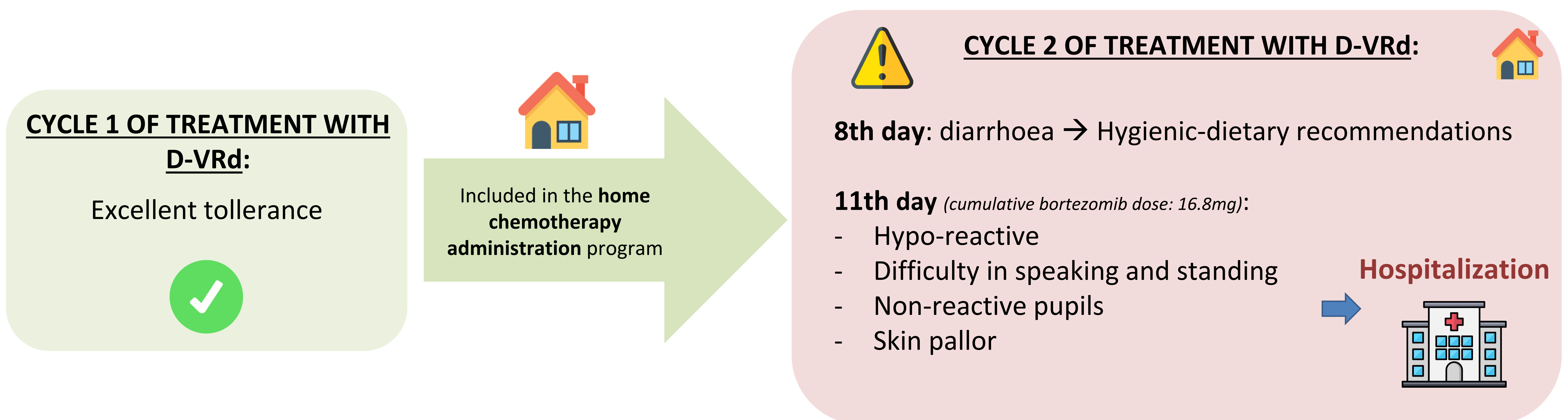
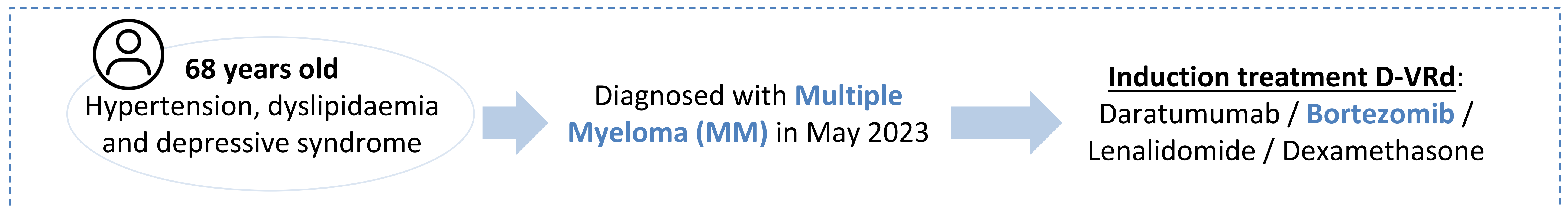
# CASE REPORT ON AUTONOMIC NEUROPATHY INDUCED BY BORTEZOMIB

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*Peripheral neuropathy is one of the most common adverse reactions to bortezomib. However, bortezomib can much less frequently produce other nervous system alterations. We present the case of a patient undergoing bortezomib treatment for multiple myeloma (MM), who developed toxicity in form of autonomic neuropathy.*



## DURING HOSPITALIZATION



- Hypotension (76/52mmHg)
- Dizziness
- Intolerance to standing
- Grade 2 diarrhoea

### Tests performed:

- Echocardiography
- CT scan
- Cardiac magnetic resonance
- Myocardial scintigraphy
- Subcutaneous fat biopsy



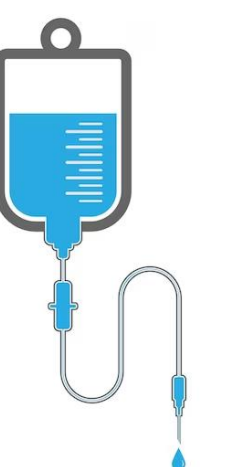
### Diagnoses ruled out:

- × Cardiac causes
- × Structural brain abnormalities
- × Amyloidosis
- × Infectious origin

### Final diagnosis:

- ✓ Vasovagal episodes secondary to autonomic neurological toxicity due to bortezomib

- **Intensive fluid therapy** was administered
- Progressive **improvement** was observed
- Patient was **discharged on the sixth day of admission** with the ability to walk without recurrence of symptoms
- Treatment for MM was resumed after 15 days without bortezomib.
- **Bortezomib was not administered again**, and the symptoms did not recur.



The reaction was classified as "probable" according to the Naranjo algorithm.



**Autonomic neuropathic toxicity** caused by bortezomib should be considered in the **differential diagnosis** of orthostatic hypotension in haematological patients. Home chemotherapy administration allows for **early detection of toxicities** and streamlines healthcare processes.

