

EP20.04

Metamizole-induced agranulocytosis

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Background and Aim: A 61 year-old English man attends his general practitioner for ongoing fever for 3 days, with no other symptomatology. Refers a healthy life style, although two respiratory infections in the last month (pneumonia and pharyngitis) treated with antibiotics and analgesics, the last one with a couple of weeks before. No medical history. Clinical examination: malaise, tachypnea, tachycardia, fever, hypotension, hypoxemia. Cardiopulmonary auscultation is normal. Abdominal exploration is normal.

Method: Blood analysis: severe leukopenia, the rest being normal. Serology is negative. Cultures: positive for E.coli Abdominal ultrasound found no alteration. Bone marrow examination: no malignant cell, hypercellular bone marrow with immature neutrophils and monocytes.

Results: Diagnosis: Metamizole-induced agranulocytosis Differential diagnosis: Neutropenia induced by viral infection, bacterial infection, hemopathies (leukemia, myelodysplasia), toxics, nutritional deficiencies.

Conclusions: Agranulocytosis can be a deadly complication (mortality: between 3-25%) of the pharmaceutical drugs use. Metamizole is an analgesic, antipyretic and antispasmodic, originated in Germany in the early 20's. It is estimated that around 10000 tons of this pharmaceutical drug is used around the world, but its haematologic toxicity made that it would be banned in more than 20 countries. It is estimated there is an incidence rate of agranulocytosis while taking metamizole of 0.6-1.2 cases per million persons per week. The importance of this case for the general practitioner is that he always has to think about the potential side effects of the most common drugs that are used nearly every day.