Caso clínico

Sildenafil en isquemia periférica severa inducida por tarlipresina. Reporte de un caso

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ABSTRACT

A female patient in the sixth decade of life developed renal failure secondary to gastrointestinal bleeding, which was non-responsive to conventional therapy. She was treated with terlipressin iv; showing improvement but developing, over the next few days, ischemia and necrosis of the toes in the lower extremities, simulating necrotizing vasculitis, without response to regular management. An alternative therapy, oral sildenafil 50 mg BID, was used, with a rapid reversal of the clinical picture. The vasodilator action of sildenafil is useful in cases of ischemia induced by some drugs. The objective this report is to warn about the utility of sildenafil in some potentially severe cases, like the one above.

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RÉSUMÉ

Une patiente de la sixième décennie de la vie développé un échec rénal secondaire à un hémorragie digestive incohérente, avec des signes de choc hémorragique, pour lequel elle a été traité avec tarlipresine iv, avec lequel il a été un changement, mais il a présenté une ischémie et la nécrose de doigts en extrémités inférieures, simulant le vasculite necrosante sans réponse au managé le thérapeutique habituel. Une alternative, le sildénafil oral 50 mg BID, a été utilisé, avec une rapide réversal de la scène clinique. L'action vasodilatator du sildénafil est utile dans les cas d’ischémie induits par des médicaments. L’objectif de cette communication est d’éveiller à la possibilité d’utiliser le sildénafil dans les cas potentiellement graves, comme le cas présenté ci-dessus.

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Case report

A 51 year-old woman came to the emergency room with a history of alcoholic cirrhosis, portal hypertension, and esophageal varices (previously treated with sclerotherapy) and chronic renal failure, with her last creatinine clearance measured at 40 ml/h. She was classified as Child-Pugh C. She had presented upper digestive tract bleeding for 12 h. After 24 h with persistent hemorrhage, intravenous terlipressin was added to the management (4 mg/24h); on the third day after treatment, she developed cyanosis of the toes, and the terlipressin was discontinued immediately. These changes progressed to ischemia and extended throughout the feet, accompanied by poor peripheral pulses and tissue damage as shown in figure 1-A. Because of her blood loss, acute renal failure developed, with an elevation of serum creatinine from 1.9 mg/dl on the first day to 8 mg/dl, and she developed grade IV hepatic encephalopathy; serum bilirubin was normal and an arterial and venous Doppler ultrasound was performed showing no signs of obstruction and normal flows. Because of the lack of response to management we started treatment with oral sildenafil 50 mg twice per day. At the third day she showed great improvement and sildenafil 75 mg/24 h was continued for two more weeks. She preserved her toes. At this point, she had grade I encephalopathy, and also had improvement of renal function with a reduction in serum creatinine to 3.2 mg/dl.

Finally, at day 30, the patient was completely recovered, with normal serum creatinine, a normal neurological state and healthy skin (fig. 1-C).
Fig. 1. Sequential pictures of the patient’s evolution. Despite treatment with dermic nitroglycerin and other vasodilator drugs, necrotic areas, ischemic and other lesions are showed (picture A and B). At day 25 sildenafil starts to show a good response which is observed in picture C.

Discussion

Sen et al described a possible toxic effect of terlipressin related to its vasoconstrictor action. Terlipressin has been associated with peripheral ischaemia and vasculitis-like lesions, like the ones observed in this case. Sildenafil is a selective inhibitor of GMP-phosphodiesterase with an effect on microvascular and macrovascular circulation, approved for use in erectile dysfunction, pulmonary arterial hypertension, and recently described by Fries et al for use in Raynaud’s phenomenon in cases not showing a response to common vasodilator therapy. Kumana et al has informed of sildenafil use in the presence of ischemia and tissue necrosis, with improvement of three severe cases. The effect obtained from the use of sildenafil, due to vasodilatation, could be considered as an effective therapy in cases of ischemia secondary to terlipressin, like the case above, when some other vasodilators agents cannot be indicated due to deleterious effects like hypotension. Another beneficial effect of sildenafil could be an increase of renal arterial flow with improvement of renal function in acute renal failure; the latter should be investigated to a larger extent. Sildenafil opens the possibility of use in ischemia of another etiology, and should be the object of more study as an alternative drug or even as the first option, alone or associated to other vasodilators, in severe cases of ischemia.

References