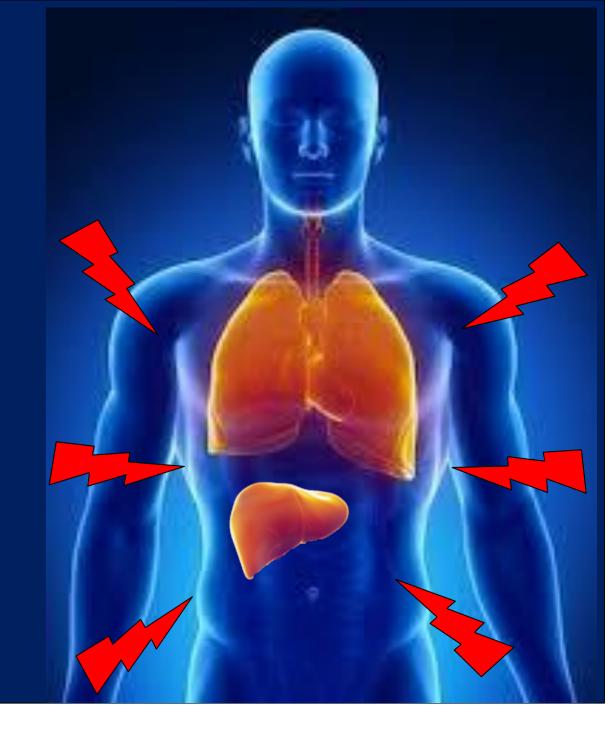
## ARIPE PAIN

# Two cases of paracetamol-induced hepatic transaminitis in tuberculosis patients





## Background

The standard first-line, four-drug treatment for tuberculosis (TB) is: rifampicin, isoniazid, pyrazinamide and ethambutol (known as RIPE-therapy).

RIPE-therapy has a high success rate but the pharmacokinetic drug interactions are well documented to cause hepatic toxicity.

However, what is more often overlooked, are drug interactions between patient's TB regime and other medications that may exacerbate this adverse reaction, such as paracetamol.

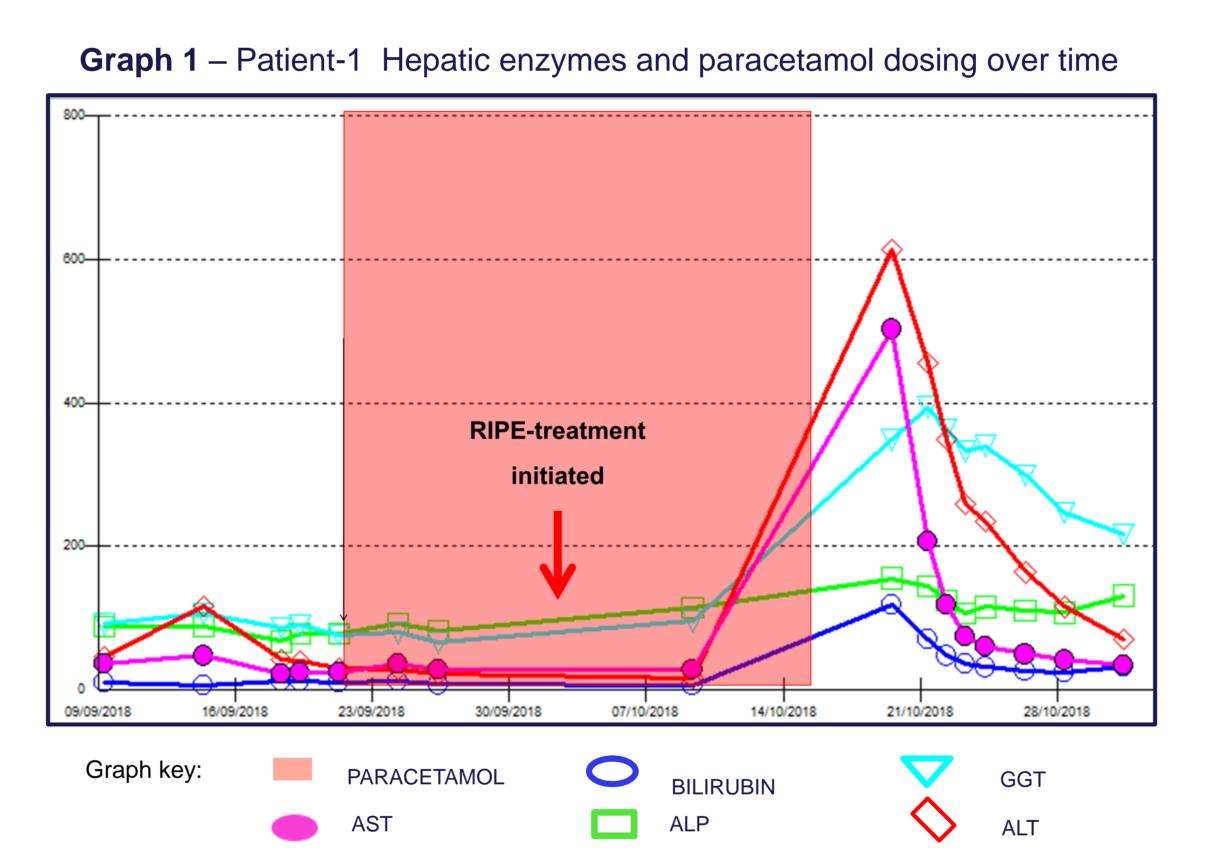
Rifampicin
Isoniazid
Pyrazinamide
Ethambutol

### **Clinical features**

This report **outlines two cases of severe hepatic transaminitis in patients taking RIPE-therapy**, attributed to concurrent administration of standard-dose paracetamol whilst admitted to a tertiary referral hospital.

## PATIENT - 1

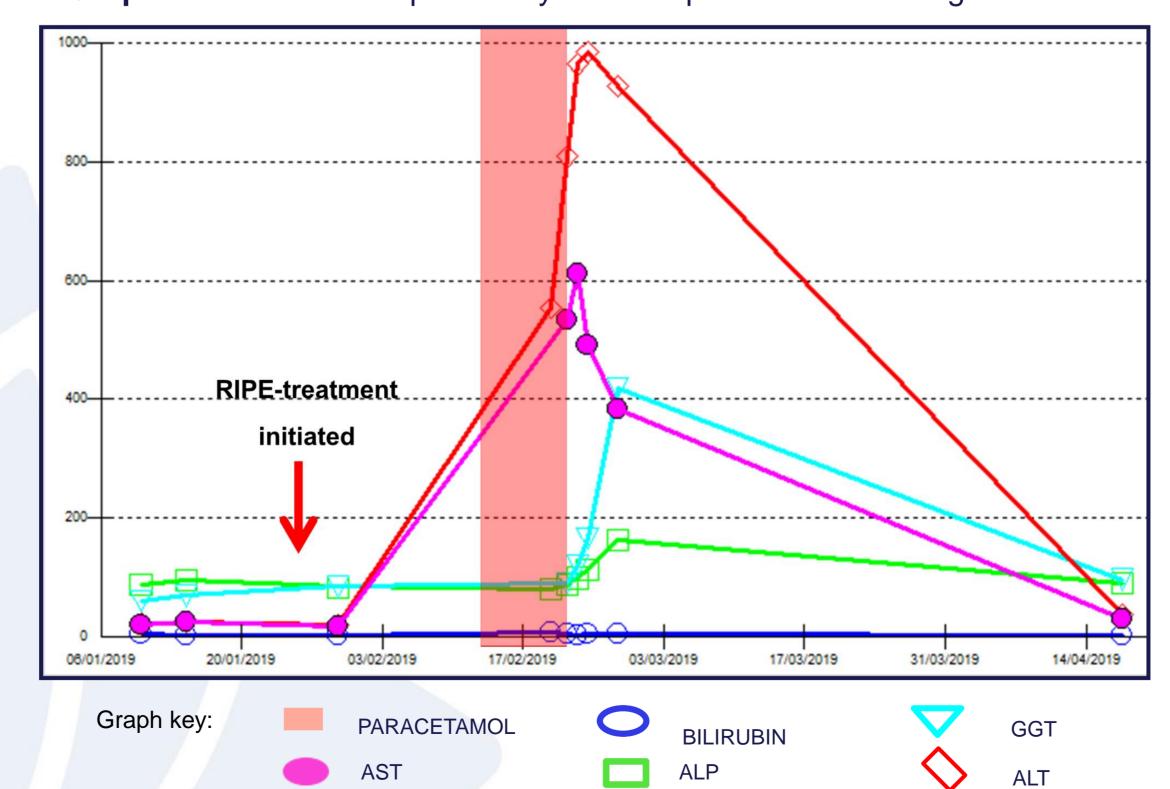
- 78-year-old Caucasian male admitted with acute cystitis.
- RIPE-therapy commenced after TB was coincidently detected on chest x-ray.
- Patient concurrently prescribed paracetamol 1g
   QID for 5 days until discharge.
- Readmitted 10 days later with severely deranged
   LFTs ALT 614U/L, AST 502U/L, GGT 348U/L, ALP
   156U/L, bilirubin 118umol/L (See Graph 1).
- Medication reconciliation at readmission identified continued paracetamol use.
- Hepatic transaminitis diagnosed.



#### PATIENT – 2

- 36-year-old Filipino female presented to ED with gastric illness.
- RIPE-therapy was initiated six weeks prior.
- Paracetamol 1g BD self-administered for 2-3 days before presentation.
- Further five doses of 1g paracetamol given every six hours in ED.
- Pathology on day 2 of admission revealed markedly raised LFTs - ALT 985U/L, AST 611U/L, GGT 120U/L, ALP100U/L, normal bilirubin (See Graph 2).
- Hepatic transaminitis diagnosed.

Graph 2 – Patient-2 Hepatic enzymes and paracetamol dosing over time



## Literature Review

Several case reports have been published describing patients undergoing RIPE-treatment who experienced hepatotoxic reactions whilst taking paracetamol. 1,2,4 The clinical features of these cases were described as marked elevations in hepatocellular enzymes with moderate rises in bilirubin.4

Review of the literature and these cases suggest paracetamol at normal doses may potentiate hepatoxicity of standard TB treatment through isoniazid and rifampicin inducing P450-enzymes, specifically CYP2E1, responsible for the oxidation of paracetamol to its toxic metabolites<sup>4</sup>.

### **Outcome**

In both cases, paracetamol and RIPEtherapy were withheld until
transaminases returned to normal
(Patient-1 = 30 days, Patient-2 = 40 days)
and RIPE-therapy recommenced. Patient-1
successfully completed the full RIPE-course
and Patient-2 is still undergoing active
treatment.

#### Conclusion

Pharmacists who identify patients on RIPE-therapy should be alert to drug interactions that can potentiate hepatotoxicity. Specifically, paracetamol is often routinely prescribed to inpatients; pharmacists should recommend avoiding its use or use sparingly to avoid severe liver injury in this group.

#### References

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- 2. Moulding TS, Redeker AG, Kanel GC. Acetaminophen, isoniazid and hepatic toxicity. Ann Intern Med 1991; 114: 431
- 3. Crippin JS. Acetaminophen hepatotoxicity: potentiation by isoniazid. Am J Gastroenterol 1993; 88: 590-2
- 4. Nolan CM, Sandblom R, Thummel KE, et al. Hepatotoxicity associated with acetaminophen usage in patients receiving multiple drug therapy for tuberculosis. Chest 1994; 105: 408-11

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