

中文題目：因 Rosuvastatin 和 Fusidic acid 聯合處方引起嚴重橫紋肌溶解症群-案例報告

英文題目：Severe rhabdomyolysis after co-prescription of Rosuvastatin and Fusidic acid -A Case Report

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**Introduction:** Rosuvastatin is prescribed to treat hyperlipidemia. Pharmacokinetic interactions can cause plasma statin concentrations raised, which could precipitate rhabdomyolysis in the presence of certain predisposing biological factors.

Rhabdomyolysis is a known complication of statin therapy and may be triggered by a pharmacokinetic interaction between statin and a second medication. We describe a case of severe rhabdomyolysis with the rosuvastatin use and coadministration of fusidic acid.

**Case Report:** This is a 60 y/o male who has diabetes, right septic hip s/p operation with regular oral form antibiotics fusidic acid use one month ago. Hyperlipidemia was follow up at local clinic with regular rosuvastatin use. He suffered from dizziness for one day, with poor appetite and diarrhea for three days. Anuria was noted for two days, and mild dyspnea was also noted. He was brought to our emergency room (ER). At our ER, the laboratory data revealed creatinine:7.63 mg/dL, myoglobin>12,000 ng/mL and CK-total >42,000 U/L. Acute on chronic kidney disease with hyperkalemia and rhabdomyolysis were noted; therefore, emergent hemodialysis was arranged. He was admitted to our intensive care unit (ICU) for further caring. After admission, aggressive hydration was given and CK-Total, CK-MB, myoglobin were studied for rhabdomyolysis. Due to persistent anuria and hyperkalemia, emergent hemodialysis was thus started. Besides, septic knee was impressed and antibiotic of vancomycin was prescribed. After his condition became more stable, he was transferred to ward for further treatment. At ward, increased urine output was noted and followed-up blood test showed improved renal function and decreased myoglobin. Thus, we hold hemodialysis and then he was discharged under stable condition and follow up at nephrology outpatient department.

**Discussion:** This case highlights important morbidity from an combination with association between rhabdomyolysis and co-prescription of statins and fusidic acid. In conclusion, the development of myopathy is induced by a complex interaction between drugs, disease, genetics and concomitant therapy. The mechanism by which statins cause myopathy is not completely understood, however association seems to be dose dependent. The combination of fusidic acid and rosuvastatin has been demonstrated to increase the risk of rhabdomyolysis. Rosuvastatin treatment should be stopped temporarily during fusidic acid treatment.