CASE CONFERENCE

報告者: R1 鄭凱文
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2014/03/05

PATIENT PROFILE

- 85Y/o ♂
- Alert
- T/P/R=35.8/69/17; BP = 135/76mmHg
- 檢傷主訴：diarrhea多天，雙腳無力
- Triage = 3

PRESENT ILLNESS
C.C: DIARRHEA * 1WK

- Watery diarrhea 3~4 times/day
- 之前大便較硬時，二日大一次
- 量多，像尿尿; 血便(-);
- recent abx (-); tenesmus (±);
- N/V (-); anorexia (+);
- No abd. pain;
- no similar episode;
- 雙腳無力；
- No urine incontinence;
- No problem in defecation;
- progressive numbness + weakness over bil. "below thigh" in 1 month
- 最近1-2days無法跨上bicycle

PAST HISTORY

- NKDA
- HTN (+);
- gout hx (+) → 吃很久
- abd. op. hx (-);

PHYSICAL EXAMINATION

- Clear consciousness
- HENNT: not icteric
- Chest: Bil. Clear BS; RHBs;
- Ext.: freely
- Abd.: soft; BoS: normo~hyper;

IMPRESSION

Diarrhea with leg weakness
r/o electrolites imbalance
r/o T-spine myelopathy

INITIAL ORDER

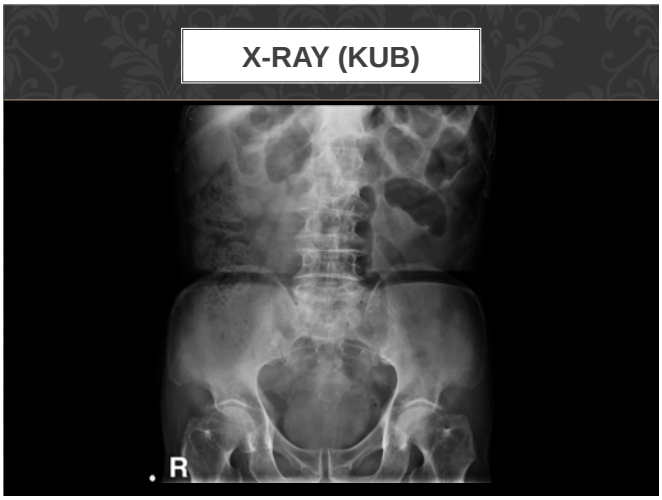
day 1, 08:00

- *NPO*
- *KUB*
- *CBC, D/C, Plt*
- *Panel Ⅰ*
- *VBG (6)*
- *F/S (95)*
- *N/S run 60mL/hr*

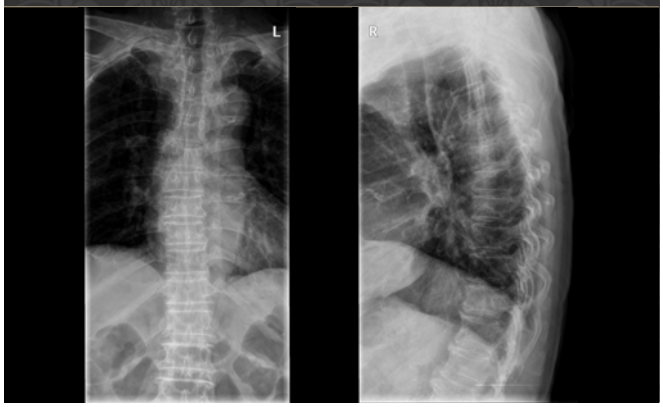
Day 1 08:35

- *X-ray: T&L-spine AP+Lat.*
- *補ALT, T-bil.*
- *Bedside echo*
- *Consult neuro.*

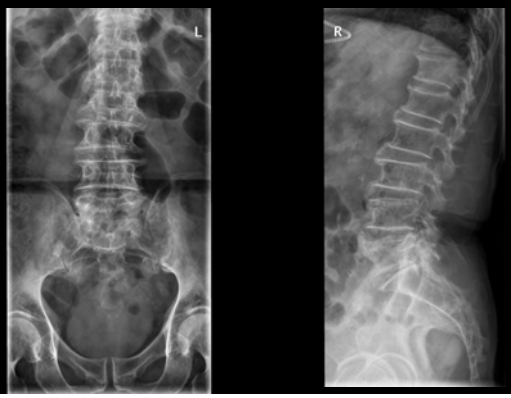
X-RAY (KUB)



X-RAY (T-SPINE)



X-RAY (L-SPINE)



LAB DATA

PH=7.372		
PCO2=38.8	mmHg	
PO2=35	mmHg	
BE=-3	mmol/L	
HCO3=22.5	mmol/L	
TCO2=24	mmol/L	
SO2=66%		
NA=141	mmol/L	
K=4.9	mmol/L	
ICA=	mmol/L	
HCT=35 %PCV		
HB=11.9	g/dL	

檢驗名稱	檢驗值	單位
Glucose	93	mg/dL
GOT(AST)	23→295	U/L
BUN	37	mg/dL
Creatinine	2.1→2.1	mg/dL
Na	140	meq/L
K	5	meq/L

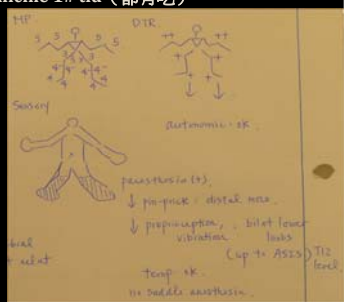
檢驗名稱	檢驗值	單位
CBC/Platelet/DC	**********	
.WBC	5.3	X1000/ul
.RBC	4.56	
.Hb	11.6	
.Ht	35.1	
.MCV	77	fl
.MCH	25.4	pg
.MCHC	33	%
.RDW	14.3	%
.Platelet	113	x1000/ul
Differential count	**********	-
.Segmented Neutro.	46.00%	61-80
.Lymphocyte	38.70%	13-28
.Monocyte	10.30%	4-10
.Eosinophil	4.10%	0-3
.Basophil	0.90%	0-2
.Atypical lymphocyte	%	-
.Band	%	-
.Metamyelocyte	%	-
.Myelocyte	%	-
.Promyelocyte	%	-
.Blast	%	-
.Nucleated RBC	/100WBC	-

PROGRESS NOTE, DAY 1, 09:29

- *平日在Hema. Dr.溫 內科診（：HTN&Gout）;*
- *Denied medication other than our hospital;*
- *1 month ago fell down with buttock contusion;*
- *Through this month, bil. Legs same parethesia&weakness*
- *Imp: neuropathy, cause?*
- *Bed side echo*
  - **= No obv. GB stone; No echo Murphy’s sign;**
  - **= L’t kidney stone; bil. Kidney atrophy;**
  - **= No obv. AUR;**

DAY 1, 10:30 NEURO.會診單

- ***Drugs: colchicine intermittent use.***
- **200512~200909:有痛才吃（不見得每天吃）**
- **200909~: 因tophi pain↑→colchicine 1# tid（都有吃）**



DAY 1 10:41

- ***CK, LDH, GPT, Lactate, iCa, P, Mg, Cortisol, thyroid function***
- ***PT, APTT***
- ***Lumbar puncture:***
  - **= Routine**
  - **= T-protein, Glucose**
  - **= Lactate**
  - **= Cryptococcus**
  - **= Gram stain**
  - **= Culture**
  - **= Indian ink**
  - **= TB culture**
- ***Brain CT w/o contrast***
- ***待轉EC***

- **Day 1, 11: 35**
  - ***= EKG***
  - ***=下肢BP（左146/67; 右161/77）***
- **Day 1, 11:41**
  - ***= 予轉至19:40***
  - ***= 轉EC***
- **Day 1, 15:00**
  - ***= 轉neuro床***
  - ***= On foley***
  - ***= Record I/O q8h***
  - ***= IVF: NS+$NaHCO_3$ 3amp run 80mL/hr***

LDH	857	U/L
CK	4391	U/L
iCa	5	mg/dL
P	4.1	mg/dL

DAY 1, 17:40 ADMISSION

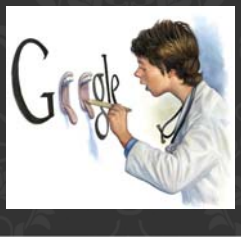
Imp:

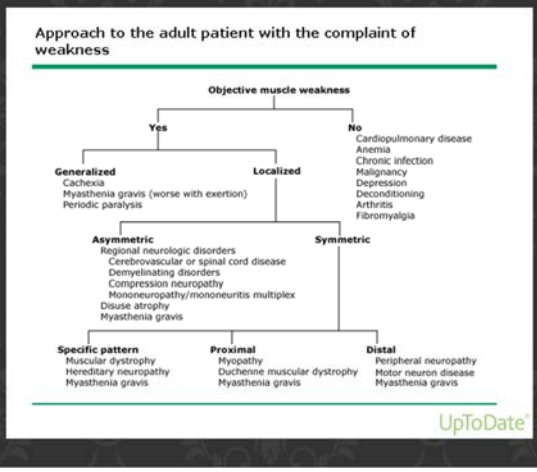
r/o colchicine-induced myopathy&neuropathy

r/o AIDP

	day 1	day 2	day 4
CK	4391	2573	993
LDH	857	722	560
M.P.			improved

DISCUSSION:
APPROACHES TO (BIL.) WEAKNESS





IMPORTANT QUESTIONS TO CONSIDER

Is mental status depressed?

Which limbs are involved?

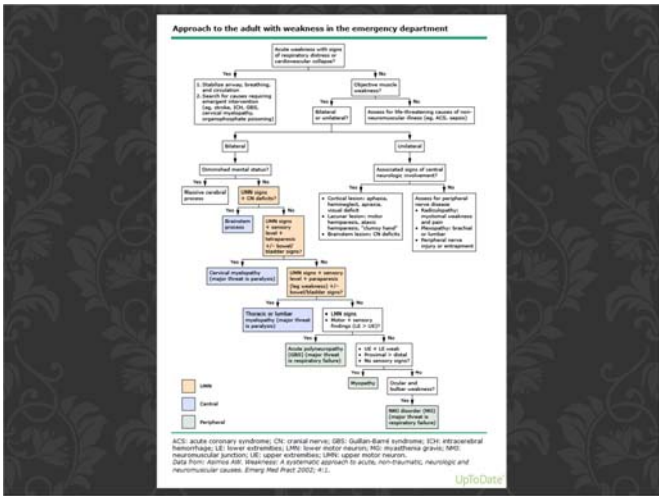
Is there sensory involvement? If so, is a sensory level deficit suggested?

Is there bladder involvement?

Does weakness primarily involve proximal/distal muscles?

Are there bulbar signs? (involving tongue, jaw, face, or larynx)

Does the degree of weakness fluctuate?



DISCUSSION: COLCHICINE POISONING

COLCHICINE

mainly for the treatment and prevention of gout

narrow therapeutic index

w/o clear-cut distinction between

Nontoxic

Toxic

lethal dose

PHARMACOKINETICS

metabolized by the liver

enterohepatic re-circulation

excreted by the kidneys

THERAPEUTIC & TOXIC DOSES

acute gout → 1.2 mg/day

gout prophylaxis → 0.5-0.6 mg/day

3~4 times a week

acute ingestions > 0.5 mg/kg → High fatality rate

The lowest reported lethal doses of oral colchicine

→ 7-26 mg

chronic colchicine neuromyopathy

daily low-dose colchicine (0.5~1 mg/day)
for months to years

(case report) myopathy occurred within 2wks of starting colchicine therapy (0.6 mg tid)

DRUG INTERACTIONS

CYP3A4 & P-glycoprotein inhibitors → [colchicine]↑

clarithromycin, erythromycin

Ketoconazole

Cyclosporine (transplant recipients)

grapefruit juice

Co-administration w/ statins
→ risk of myopathy↑

TABLE. STAGES OF COL...

Lessons from the Courtroom: Colchicine Toxicity.

Gussow, Leon

Emergency Medicine News. 31(9):14, September 2009.

doi: 10.1097/01.EEM.0000360591.56267.c5

Stage	Complication
I (1-12 hours)	■ GI symptoms ■ Volume depletion ■ Leukocytosis
II (1-7 days)	■ Acute respiratory distress syndrome ■ Cardiogenic shock ■ Disseminated intravascular coagulation ■ Bone marrow suppression, neutropenia ■ Metabolic acidosis ■ Myopathy, rhabdomyolysis ■ Acute renal failure ■ Altered mental status, seizures ■ Cardiac arrest
III (1-2 weeks)	■ Rebound leukocytosis ■ Alopecia

Source: *J Emerg Med* 1994;12(2):171.

EMERGENCY MEDICINE NEWS

Table. Stages of Colchicine Toxicity

COLCHICINE — NEUROMYOPATHY

Unknown pathogenesis

typically present with

proximal muscle weakness

often more prominent in the lower than upper extremities

[CK] almost always elevated (10~20X)

DIAGNOSIS

History

typical toxidrome

Gastroenteritis

Hypotension

lactic acidosis

prerenal azotemia

MANAGEMENT

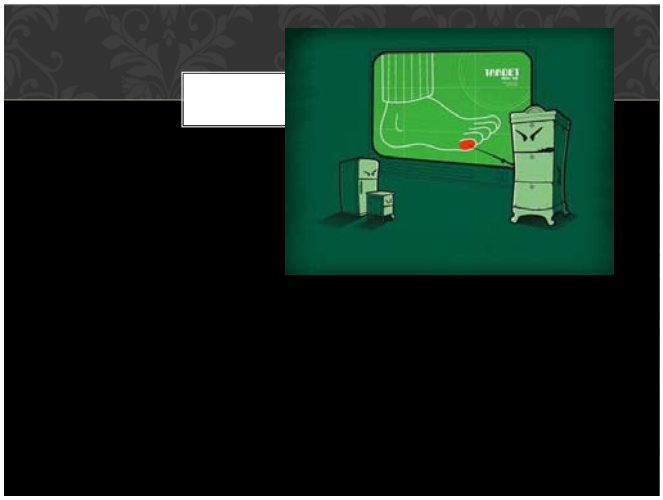
DC colchicine

gastric lavage (<60 min)

activated charcoal

Supportive treatments

GCSF, if necessary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