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PANTOPRAZOLE AND DOMPERIDONE FIXED DOSE COMBINATION INDUCED RASH: A CASE REPORT

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Abstract

Drug induced rash on skin is considered as one of the most commonly reported adverse drug reaction in the clinical scenario. Pantoprazole and domperidone is commonly used as a Fixed Dose Combination (FDC) for dyspepsia and vomiting although they are not considered as rational combination. Present case report represent a rare case of rash in 24 year old male patient admitted in orthopaedic ward after consumption of FDC of pantoprazole and domperidone. According to modified Hartwig scale of preventability and severity of adverse drug reaction, this adverse drug reaction falls under level 3 (moderate) severity and was not preventable. As per the case report, FDC of pantoprazole and domperidone induced rash is considered as rare side effect. No similar adverse drug reaction was found in literature with the same fixed dose combination. It is important that clinicians should always be imperative about patient's condition and we should promote more vigilant reporting of such adverse drug reactions.

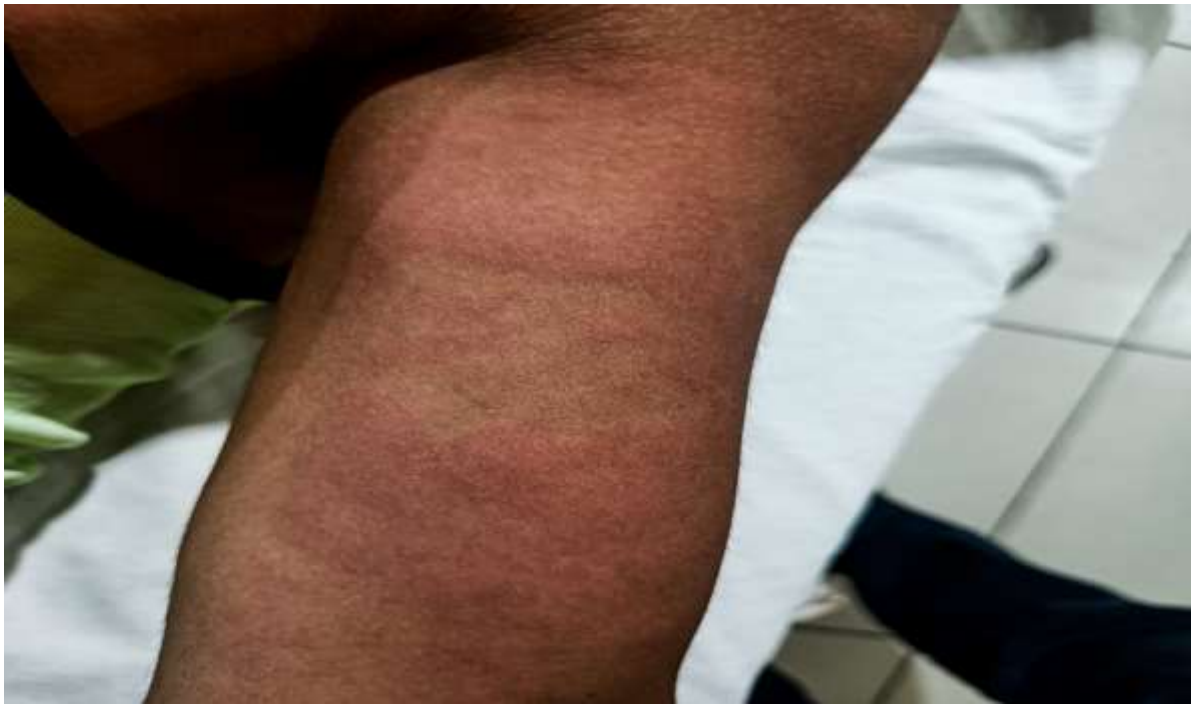
Key words: Fixed dose combination, Proton pump inhibitors, adverse drug reaction, Modified Hartwig scale, CDSCO

INTRODUCTION:

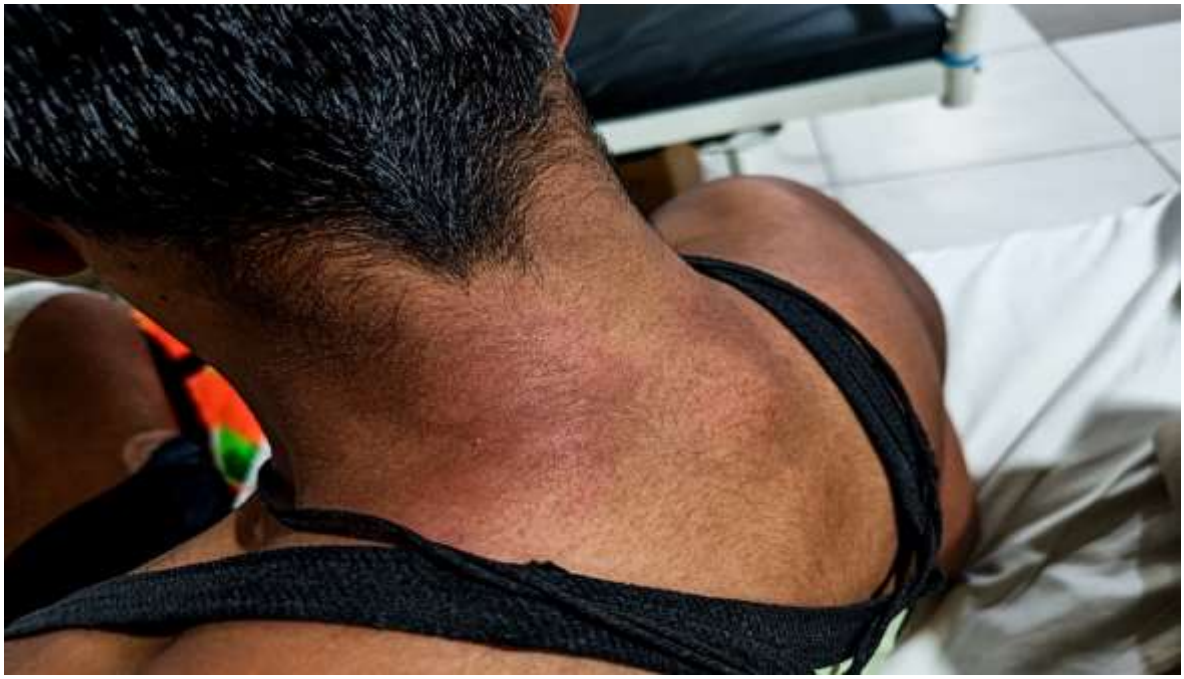
Drug induced rash on skin is considered as one of the most commonly reported adverse drug reaction in the clinical scenario. Itching and hives are the associated symptoms with skin rash. This falls under hypersensitivity reaction to a drug which shows the adverse symptoms. [1] Proton-pump-inhibitors like Omeprazole, Pantoprazole are widely used drugs and they have become drug of choice for various diseases like gastric ulcers, gastroesophageal reflux etc. They are also used as stress ulcers protective agent. [2] They act on H^+ -K^+ -ATPase pump present in parietal cells of the stomach and reduces gastric acid secretion. [3]D2 receptor antagonists like Domperidone predominantly act on Chemoreceptor Trigger Zone (CTZ) of the brainstem and are widely used for the management of nausea and vomiting, gastroparesis etc.[4] Pantoprazole and Domperidone is commonly used in as Fixed Dose Combination (FDC) for dyspepsia and vomiting. [5] Present case report represent a rare case of rash after consumption of FDC of Pantoprazole and Domperidone.

CASE PRESENTATION:

A 24 years old male patient admitted in orthopaedic ward for left side tibia-fibula infected non-union fracture with implant in situ. Initially the patient was given Injection Ceftriaxone 1.5g twice daily, Tablet Omshi DSR (Domperidone 30mg+Omeprazole 20mg) twice daily and Tablet Ultracet semi (Paracetamol 162.5mg+Tramadol 18.7mg) twice daily on 19/5/2023. Due to gastric discomfort patient's Tablet Omshi DSR was replaced with Fixed dose combination of Tablet Pandeep-D (Pantoprazole 40MG+Domperidone 10MG) on 26/5/2023. Suddenly patient developed rashes over nape of the neck and left arm on 26/5/23 which gradually increased in size. Tablet Pandeep-D was discontinued and Tab Avil (Pheniramine Maleate 25mg) once daily was given to the patient. Skin rashes then subsides gradually.



[Fig: 1]



[Fig: 2]

DISCUSSION:

Fixed dose combination (FDC) of Pantoprazole and Domperidone is not in the banned list of CDSCO (Central Drugs Standard Control Organisation) [6] and that's why it is commonly used

and easily available in the market. Its widespread use encourage manufacturer to make more bioequivalent brands. As Ceftriaxone is commonly used in preoperative prophylaxis and associated with most common side effect of vomiting, nausea, diarrhoea [7,8,16], the FDC of proton pump inhibitor and domperidone was used prophylactically. Most commonly prescribed combination available for Pantoprazole+ Domperidone are 20mg+10mg, 40mg+10mg, 40mg+30mg. [5] Common adverse drug reactions reported with domperidone are gastric discomfort, extrapyramidal side effects. [9] Common side effects of Pantoprazole includes nausea, abdominal discomfort, constipation, flatulence and diarrhoea. Less common side effects include myopathy, arthralgia, and headaches. [10] Ceftriaxone was not considered as suspected drug because it was continued throughout the treatment period and during the remission of rash. Although Pantoprazole and/or Domeperidone induced rash, anaphylactic reaction are rare ADRs [11], it is suspected as culprit drug in this case report. No drug interaction was found among the drug prescribed to the patient. The adverse drug reaction was graded as probable following causality assessment as per Narjo's scale and WHO-UMC causality assessment scale.[12,13,17] According to modified Hartwig scale of preventability and severity of adverse drug reaction, this ADR falls under level 3 (moderate) severity and was not preventable. [14, 15, 18]

CONCLUSION:

As per the case report FDC of Pantoprazole and Domperidone induced rash is considered as rare side effect. No similar adverse drug reaction was found in literature with the same Fixed Dose Combination. It is important that clinicians should always be imperative about patient's condition and we should promote more vigilant reporting of such adverse drug reactions.

Additional Information:

Disclosures:

Participant was well informed and consent was taken for this study

Conflict of interest: NIL

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