

GABAPENTIN-INDUCED RHABDOMYOLYSIS: A CASE REPORT

Tuccori Marco^{1,2}, Lombardo Giuseppe², Lapi Francesco^{1,4}, Vannacci Alfredo^{1,4}, Blandizzi Corrado^{1,4}, Mugelli Alessandro^{1,4}, Del Tacca Mario^{1,2}

1. Tuscan Regional Center for Pharmacovigilance
2. Division of Pharmacology and Chemotherapy, Department of Internal Medicine, University of Pisa – Pisa, Italy
3. Intensive Care Unit - Hospital of Empoli, Florence - Italy
4. Department of Preclinical and Clinical Pharmacology - University of Florence, Florence – Italy

Introduction: Gabapentin is an antiepileptic drug shown to be effective in the treatment of neuropathic pain. Most commonly reported adverse reactions with this drug include drowsiness, dizziness, ataxia, fatigue, nystagmus and tremor. The present report describes a case of rhabdomyolysis in an elderly patient affected by neuropathic pain and treated with gabapentin. **Case report:** An 85-year-old diabetic woman was hospitalised for severe pain in lower limbs and difficulty on walking, compromising her normal daily-life activities. On admission, laboratory parameters, including creatinine-phosphokinase (CPK) and myoglobin, were in the normal range. Neurological evaluation suggested a diagnosis of diabetic neuropathic pain and a therapy with gabapentin 150 mg three time daily was started. In the same day the patient showed psychomotor agitation and gastric pain, which were treated with haloperidol 10 mg and lansoprazole 30 mg respectively. In the following hours muscular pain become more severe and the patient developed myopathy with acute renal failure (creatinine phosphokinase: 459 U/L; myoglobin 11,437 ng/ml; creatinine 4.59 mg/dl), which progressively worsened during the next 2 days (CPK 3,095 U/L; myoglobin 17,000 mg/dl; creatinine 4.77 mg/dl) despite haloperidol and lansoprazole discontinuation. No signs of trauma or oedema, suggesting a possible compartmental or crush syndrome were detected. Gabapentin treatment was then stopped and patient's conditions rapidly improved. A complete recovery was achieved in about 10 days. **Discussion:** Myopathy is a severe and unexpected adverse reaction to gabapentin therapy. In the present case a possible contribution of haloperidol or lansoprazole can not be excluded. However, the worsening of clinical picture despite discontinuation of these drugs, and the rapid improvement observed after gabapentin withdrawal, strongly suggest a causative role of gabapentin in the occurrence of the event. Until major information will be available, clinicians should evaluate the possibility of discontinuing gabapentin treatment in patients showing pain worsening and signs of myopathy.