

Unusual reaction to imipenem-cilastatin in a child with the acquired immunodeficiency syndrome

To the Editor:

Drug reactions are a frequent finding in patients with the acquired immunodeficiency syndrome (AIDS).¹ We report an unusual reaction to imipenem-cilastatin in a 6-year-old hemophiliac boy with AIDS. The patient developed a gangrenous stomatitis after a general anesthesia for dental extraction and was initially treated with clindamycin and gentamicin. The response to this combination of antibiotics was poor, and amikacin was substituted for gentamicin, with the addition of ceftazidime. The clinical response was good, but 4 days after changing antibiotics, the boy developed a severe, generalized, pruritic papular rash, which was believed to be related to the drugs he was receiving. The antibiotics were therefore stopped, and imipenem-cilastatin was used as monotherapy. The rash subsided, and a marked improvement of the stomatitis was observed. However, the boy developed plantar pruritus during each infusion of imipenem that began shortly after beginning the administration and subsided a few minutes after the infusion. This reaction was manifest, even during sleep. Fortunately, the discomfort was mild, and the drug was maintained at the recommended maximum dose of 100 mg/kg/day for 21 days. The stomatitis healed, and the boy was discharged 3 days after interruption of imipenem-cilastatin.

Ketoconazole, nystatin oral suspension, and trimethoprim-sulfamethoxazole were also administered to the child during the hospitalization but were not considered as causes of the rash because they were in use for a considerable time before the institution of imipenem-cilastatin and because the symptoms were clearly related to the infusion of the antibiotic.

We believe that the reaction described is a new manifestation of the marked hypersensitivity to drugs that is common in patients with AIDS.

*Adão R. L. Machado
Carmen L. O. Silva
Nilo A. M. Galvão*

*Multidisciplinary Team for Management of AIDS
in Children
Hospital de Clínicas de Porto Alegre
Porto Alegre, Rio Grande do Sul, Brazil*

REFERENCE

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Examine your Morrow Brown needles

To the Editor:

In a study comparing skin testing with two different devices, that is, the Morrow Brown needle and the Multitest in 20 patients, we became aware of some defective Morrow Brown needles. In fact, in the packages examined, three of 10 had unequal points or jagged edges. Other investigators have become aware of these faulty units, including J. H. Ramson, MD, who is the allergy consultant for Aller/Guard, Inc., the manufacturer. Dr. Ramson believes this might be a particular batch, but we have found these defects in approximately 30% of all our supplies (two different batches). These findings might have influenced the result of a skin testing study that we hope to publish in the future. We believe the public should be made aware of these manufacturing flaws so that those still using Morrow Brown needles can examine their individual supplies.

*Cassandra Mahan, MD
Sheldon L. Spector, MD
Sheldon C. Siegel, MD
Roger M. Katz, MD
Gary S. Rachelefsky, MD
Albert S. Rohr, MD
11645 Wilshire Blvd., Suite 601
Los Angeles, CA 90025*