

CORRESPONDENCES

Intravenous Pantoprazole-Induced Near Fatality

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Sir,

Pantoprazole, a proton pump inhibitor, the most potent inhibitor of gastric acid secretion, are used both intravenously and orally. Ranitidine has an excellent safety record and we found no reports of fatalities related to this drug in the literature, although the incidence of anaphylactic reaction to H2RAs and proton pump inhibitors together has been reported as 0.3% to 0.7% worldwide.¹

A 25 Year old young man was brought to the Emergency Department with history of acid peptic disease with severe pain abdomen. Patient had history of anaphylactic reaction towards ranitidine which manifested as severe coryza, itching and bronchospasms which was concealed by patient and attendants

while narrating history. His clinical examination along with ECG and ultrasound were normal and a working diagnosis of gastritis was made following which he received intravenous dose of Pantoprazole 40 mg following which patient immediately developed severe bronchospasm. Patient was nebulized with bronchodilators along with intravenous steroids without any response. Chest X-ray and ECG showed no abnormality. His oxygen saturation dropped from 99% to 74% in matter of 10 minutes with ECG showing severe bradycardia and hypotension. He had respiratory arrest with bradycardia of 42 beats per minute. He was intubated with ionotropic support and Ambu ventilation for 3 hours with poor respiratory efforts. After repeated dose of intravenous steroids 300 mg, adrenaline subcutaneous and adequate cardio-pulmonary resuscitation patients saturation, respiratory efforts and vitals improved in 4 hours post-anaphylactic shock.

PPIs are generally well tolerated, with minimal adverse effects, most of which are related to the drug's pharmacokinetic interaction

profiles. Anaphylaxis to PPI has rarely been described. Anaphylaxis to oral pantoprazole has been reported in four patients.² Lobera demonstrated that there was a cross-reactivity between PPIs in nine patients who experienced an anaphylactic reaction to oral pantoprazole, omeprazole, and lansoprazole. Therefore, until now, only 16 patients have been reported to suffer anaphylaxis to PPIs.³ Although the incidence of anaphylactic reactions related to ranitidine and pantoprazole are low, caution needs to be exercised on administration of this drug.

References

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