

Death after Cromoglycate

To the Editor,

Transient coughing and bronchoconstriction following sodium cromoglycate (DSCG) are thought to be due to irritation by the powder. Severe adverse reactions are rare and anaphylaxis exceptional (1,2,3,5). We report a death occurring immediately after DSCG inhalation.

CASE REPORT

A 42-year-old woman had an asthma since the age of 4 years. Her clinical history, the negative skin tests, radioallergosorbent tests, and basophil degranulation test (Allergolam®, Pasteur) to common allergens suggested an intrinsic asthma. She was continuously treated with theophyllines, beta-adrenergic aerosols and corticosteroids (CS). She had used DSCG intermittently without any clear result or side effects. She had been hospitalized four times for acute asthma between 1975 and 1982.

In June 1984, she was hospitalized in order to diminish CS therapy (20 mg/day at this time). The wheezing was permanent, without fever or sputum. The routine laboratory tests and the chest and sinus X-rays were normal. Serum IgE was 6 IU/ml. FEV₁ was 1.3 l (50% decrease) and 1.6 l after 1 puff of salbutamol. In 4 days, CS were decreased to 5 mg/day and she was receiving long-acting theophylline and, as routinely in our department, 1 puff of salbutamol, followed by 2 puffs of beclomethasone and 1 capsule of DSCG. This treatment was well tolerated and wheezing disappeared. CS were stopped 8 days later (as outpatient) but, as the wheezing progressively increased, the drug was reintroduced (20 mg/day) 1 week later. As her wheezing was exacerbated after DSCG, the patient stopped using it after about 15 days. Twenty days later she was permanently wheezing in spite of

theophylline (12mg/l), salbutamol (4 puffs), beclomethasone (8 puffs) and CS.

We tried again with DSCG under surveillance: she took salbutamol (1 puff), then beclomethasone (2 puffs) without any side effect. About 5 min later, she took DSCG (20 mg). In less than 30 s, she complained of malaise and extreme wheezing with respiratory distress. There was no urticaria or pruritus. Adrenaline (0.5 mg i.m.) and 4 puffs of adrenaline (Dyspne-Inhal®) were immediately administered. Her condition worsened and respiratory arrest occurred in less than 5 min. She was intubated and again received adrenaline (0.5 mg, slow i.v.), but cardiac arrest occurred. She died in spite of 1 hour of resuscitation by the intensive care team. A post-mortem examination was refused by the family.

Analysis of the DSCG capsules, carried out by Fison's laboratories, showed no abnormality.

In conclusion, a fatal bronchoconstriction was observed after 1 capsule of DSCG. Salbutamol and beclomethasone gave no protection. It is probable that DSCG was responsible, as the patient complained of wheezing after DSCG 15 days before the drug was tried again. Non-fatal acute bronchoconstriction with anaphylaxis (1,2,3,4,5) and positive skin tests with DSCG (1,3) have been reported.

Finally, physicians should be aware that bronchoconstriction after DSCG can be fatal in patients who have previously reacted to this drug with bronchospasm.

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