Hypoglycaemia induced by co-trimoxazole in AIDS

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In recent years, the frequency of co-trimoxazole use has increased, particularly in AIDS patients. We describe a 34-year-old white homosexual man who had been diagnosed as suffering from AIDS two years previously after developing weight loss, biopsy proved P carinii pneumonia, and Kaposi's sarcoma. He was also human immunodeficiency virus (HIV) positive and T4 cell depleted. He was taking co-trimoxazole twice a day and his serum creatinine was increased, but his creatinine clearance was not assessed. At presentation, he was found to be anophthalmic due to intraocular glaucoma, had a raised C reactive protein, and was suffering from severe dyspnoca.

Acute painful proximal myopathy associated with nalidixic acid

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Several patients have been reported to be experiencing acute painful proximal muscle weakness and decreased or absent ankle reflexes associated with the administration of nalidixic acid.

Severe salt and water deficiency associated with a combination of atenolol and chlorothalidone

Dr Christine A Bowman and William J Jeppcoate

(Galway Hospital, University Hospital Galway, Galway, Ireland)

Intravenous dextrose 5% solution has been administered to a 72 year old woman with diabetes mellitus to treat hypoglycaemia. On arrival in hospital, she was found to be severely dehydrated with a serum sodium concentration of 125 mEq/l and an osmolality of 250 mosm/l.

Although some side effects are reported, the frequency of side effects in AIDS patients treated with co-trimoxazole has not been evaluated. We describe a patient who developed severe hypoglycaemia with convulsions and who had previously received co-trimoxazole without any symptoms. The frequency of side effects in patients treated with co-trimoxazole in AIDS remains obscure, but higher serum sulphonamoxazole concentrations may be partly responsible. In our patient high drug concentrations were likely, and the hepatitis contributed to this. Liver disease may have also exacerbated the hypoglycaemia by impairing liver gluconeogenesis. Further studies are required to determine the frequency of side effects to co-trimoxazole in AIDS patients.

Hypoglycaemia with co-trimoxazole treatment was previously reported in patients with AIDS and P carinii pneumonia,2,3 but this may be partly responsible. In our patient high drug concentrations were likely, and the hepatitis contributed to this. Liver disease may have also exacerbated the hypoglycaemia by impairing liver gluconeogenesis. Further studies are required to determine the frequency of side effects to co-trimoxazole in AIDS patients.

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