

Rhabdomyolysis: a case induced by accidental overdose of rosuvastatin



Guarente C¹., Finotto E¹., Momesso E¹., Boffa N¹., Souto Valadares M¹., Gatto S².

¹ UOC Anestesia e Rianimazione, ULSS 4 Veneto Orientale

² UOC Nefrologia ULSS 4 Veneto Orientale

Introduction

Rhabdomyolysis is a syndrome characterized by skeletal muscle necrosis with release into the circulation of intracellular contents. The principal cause of rhabdomyolysis are drugs. The diagnostic markers are elevated CPK and serum myoglobin. Statins are the most used drugs for treatment of hypercholesterolemia. Muscle toxicity is an adverse effect rarely associated with renal failure due to rhabdomyolysis.

Methods

We describe the case of a patient admitted to our ICU for renal failure and lactic acidosis in the setting of rhabdomyolysis induced by accidental overdose of rosuvastatin.

History: Patient 73 years old, chronic AF, Diabetes Mellitus on sitagliptin/metformin, hypertension, hypercholesterolemia on rosuvastatin/ezetimibe, previous left lateral bulbar ischemic ICTUS.

The patient arrived at the Emergency Department for general malaise associated with diffuse myalgias. Interview with his wife revealed that the patient had mistakenly taken a double dosage of rosuvastatin in the 6 days preceding the onset of symptoms. On admission to our ICU, severe acidosis was found with pH 6.89, lactates 12 mmol/L and anuria. We began hemodialytic treatment with CVVHDF.

Results

On blood chemistry tests CPK 23.541 and MGB not measurable were found. So, there was indication for hemodialytic treatment with Cytosorb. After 24 hours there's a significant reduction of CPK and myoglobin (see Table 1)

Conclusion

As shown, hemofiltration with Cytosorb resulted in important reduction of myoglobin and CPK up to 24 hours and especially in the first 6 hours of treatment, still maintaining low values even at 24 hours. Cytosorb, by removing CPK and myoglobin, contributes to the recovery and restoration of renal function and these results can help in improving patient recovery and prognosis.

Table 1: hours of hemodialytic treatment with Cytosorb

	CPK presorbent (U/l)	MGB presorbent	CPK postsorbent (U/l)	MGB postsorbent
T = 0	23541	Not measurable	21881	10363
T = 12	18218	17440	17805	17115
T = 24	9311	12255	11758	11536