DESENSITISATION PROTOCOL FOR LIPOSOMAL AMPHOTHERICIN B: A CASE REPORT

4CP027 ATC code: 2. Case studies - with patient consent
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BACKGROUND AND IMPORTANCE
- Liposomal amphothericin B (ANBL) is an effective and safe treatment, however non-IgE-mediated hypersensitivity reactions have been described.

AIM AND OBJECTIVES
To describe the ANBL desensitisation protocol in a patient with leishmaniasis who developed a demonstrated hypersensitivity reaction to the drug.

MATERIAL AND METHODS
- 16-year-old male, 85kg, with severe corticoidependent eosinophilic asthma, is admitted for prolonged fever, cholestatic hepatitis, splenomegaly, and thrombocytopenia. Visceral leishmaniasis was diagnosed and ANBL treatment was started at 3mg/kg IV to be administered in 2 hours.
- During the perfusion he presented back pain and headache, which subsided when it was interrupted. Later, it restarted at a slower rate, however, he developed:
  - Erythematous plaques
  - Discomfort
  - Tachycardia
  - Fever
For which it was stopped.
- The ANBL prick test was negative. It has been described that in non-IgE reactions there is a release of cytokines that trigger the symptoms.
- Desensitisation to the antigen produced by the initial cytokine cascade is possible.
- Second-line alternatives for leishmaniasis were not considered adequate, so it was decided to restart ANBL with a desensitisation protocol, which consists of administering the drug in 3-step, progressively increasing the infusion rate and concentration until reaching administration of the full dose.
- Low initial doses of antigen produce progressive depletion of activating signals and inhibition of mediator release, thus reducing clinical reactivity.

RESULTS
- In our case desensitisation consisted in only 2-step because there are no stability data for a more dilute preparation (1/100) of ANBL in 5% glucose serum.
- First dilution was administered in 5 perfusion rhythms given good tolerance, the speed was progressively increased every 15 minutes
- Subsequently, the full dose of ANBL was administered in 4 rhythms maintained the last until the full dose was reached.

CONCLUSIONS AND RELEVANCE:
- The use of an ANBL desensitisation protocol has proven to be a safe option, which has allowed the administration of treatment without the appearance of adverse effects.

REFERENCES AND/OR ACKNOWLEDGEMENTS