INTRACTABLE VOMITING FOLLOWING STREPTOMYCIN

*S.D. PUROHIT, **B.N. PUROHIT and ***V.S. SOBHAWAT

Summary: A case of intractable vomiting due to streptomycin administration is reported.

Introduction

Vertigo, tinnitus, ataxia and loss of balance are common ototoxic effects of streptomycin. Vomiting induced by streptomycin is a rare phenomenon but has been described by Biswas, S.K., (1965). A case is reported where vomiting was intractable.

History

A.R., 30 years, male was admitted with the complaints of pyrexia, cough with expectoration, pain in chest and anorexia for the last 4 months. He also complained of inability to walk, vertigo of five days, duration and intractable vomiting for a day prior to admission in the hospital. The vomiting was projectile in nature consisting of gastric contents tinged with the bile eight to ten times per day.

There was no history of pain in abdomen and food poisoning. Past history was not contributory. Drug history revealed that the patient was treated with streptomycin, isonex and ethambutol by a general medical practitioner for a period of 5 days prior to his admission in hospital.

Examination

On general physical examination, he was looking ill and found to be of normal build. There was no lymphadenopathy, cyanosis or dyspnoea. Pulse 82/mt; B.P. 100/70 mm of Hg, Resp. 20/mt. Examination of respiratory system revealed findings suggestive of tuberculosis lesions in upper zones of both lungs. Other systems showed no abnormality.

Investigations

1. Laboratory investigations revealed haemoglobin 70 per cent, total red blood cells count 3.29 million/c.m.m., total leukocytes count 11800/c mm, with polymorphs 83 per cent, lymphocytes 12 per cent, monocytes 5 per cent. There were no eosinophils, basophils and immature cells. F.S.R. was 48 mm 1st hour (by Wintrob's Method).

2. Sputum examination revealed acid fast bacilli and gram positive organisms with pus cells and occasional epithelial cells.

3. Complete C.S.F. examination and Urine analysis revealed no abnormality.

4. Liver function test, barium meal and ophthalmic examination done later revealed normal findings.

5. Blood Chemistry :- Fasting Blood Sugar 74 mg. percent, Blood Urea 26 mg per cent, Serum Calcium 11.6 mg per cent, Serum Anylase 180 units, S.G.O.T. 13, I.U., S.G.P.T. 14 I.U.

6. X-ray Chest P.A. view showed evidence of bilateral pulmonary tuberculosis in involving both upper zones.

Management

At the time of admission patient was put on injection streptomycin, Tablet Isonex, Marzine, Antacid with oral fluids for a period of three days but without any improvement. On fourth day all oral drugs and fluids were stopped and Injection streptoberazide and antiemetics were administered parenterally. This too could not give any relief. All anti-tubercular drugs were omitted from the regime and only parenteral fluids and antiemetics were administered. This resulted in the cessation of vomiting.

After three days of complete amelioration of vomiting, Isonex was added in a dose of 100 mg and increased gradually to 300 mg per day. There was no untoward effect.

On the tenth day of subjective improvement Injection streptomycin 0.25 gm. I.M. was given with Isonex and patient complained of mild uneasiness. Next day the dose of streptomycin was raised to 0.5 gm and patient developed nausea and vomiting. Considering streptomycin as an offending agent the regime was modified and the patient was put on Ethambutol 800 mg and Isonex 300 mg per day. Patient tolerated...
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Ethambutol and Isonex very well and there was no nausea and vomiting.

Discussion

The patient was on anti-tubercular drugs viz. streptomycin, Isonex and Ethambutol for a period of 5 days and then developed nausea, vomiting, vertigo and inability to walk independently. All the probable causes of vomiting were excluded by clinical examination and laboratory investigations. Amelioration and recurrence of vomiting coincided with dis-continuation and read ministration respectively of streptomycin and this confirmed the above contention. The patient was kept on adequate parenteral fluids and antiemetics which resulted in improvement.

Some of the drugs like P.A.S., Thiacetazone and Ethionamide and known to cause nausea and vomiting but none of these was used in this case. Purohitetal 1976 claimed that streptomycin toxicity (vestibular) could be relieved by giving I.V. fluids alongwith diuretics but different procedure has to be followed for vomiting due to Streptomycin.

A number of investigations like barium meal study, C.S.F. examination, could be avoided in such cases, provided the possibility of intractable vomiting induced by streptomycin administration is kept in view.

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REFERENCES


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