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5-FLUROURACIL INDUCED CARDIAC TOXICITY; A CASE REPORT

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Abstract

5-FU is an integral part of the chemotherapy for colorectal cancer. It is known as the second most common drug to cause cardiotoxicity during chemotherapy with manifestations of chest pain, acute coronary syndrome and death.

A 62-year-old male patient with rectal cancer and liver secondaries was admitted for his 2nd cycle of chemotherapy with FOLFOX6. At the time of admission, the patient was stable with no fresh complaints. After pre medication while the patient was on flow with 5FU over 16hrs, he developed chest discomfort which lasted for 5 minutes with no radiation and diaphoresis.

ECG showed new onset hyper-acute, T waves for which he was shifted to MICU. Echo showed fair LV, RWMA and mild PE. Troponin I was elevated initially from 14.5 to 67.7 on subsequent days. Patient was treated with anti-platelets, vasodilators and statins. Symptoms relieved upon cessation of 5-FU with consequent drop in Troponin I level.

Thus, the above case report adds on with the other published articles signifying 5-FU induced cardiac toxicity and thereby reveals the need of close cardiac monitoring in patients treated with the drug.

Keywords: FOLFOX6, Cardiac Toxicity, 5Flurouracil

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BRAIN METASTASES IN ALK-POSITIVE NON-SMALL CELL LUNG CANCER

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Abstract

Tumors harboring a translocation of Anaplastic Lymphoma Kinase (ALK) gene constitute a distinct genetic Non-small cell lung cancer (NSCLC) subtype. The prevalence of ALK mutation in NSCLC is about 8-10% and out of these, brain metastases occur in approximately 30% of the patients.

A 61-year old female patient was admitted with general weakness, headache and ataxia. She was a recently detected case of ALK-positive NSCLC with brain metastases on Crizotinib 250mg BD. MRI scan on 21/1/2020 showed severe edema of parietal-occipital lobes and mass lesions in right para sagittal occipital lobe. She was managed with radiation therapy (3000cGy/10F), corticosteroid, mannitol (medical decompression), acetazolamide, levetiracetam and morphine. A follow up NECT on 4/2/2020 failed to show any improvement in her condition which lead to the addition of Bevacizumab 100mg to the regimen. This showed a rapid improvement in the patient's condition. At the time of discharge, the patient was stable and she was prescribed with T. Ceritinib 450mg OD.

The addition and substitution of the right chemotherapeutic drug at various points during treatment is usually done with the appearance of toxicities, or unexpected disease progression. Though there are previous conclusive reports of Bevacizumab being used in cases with brain metastases, its combination with an ALK-inhibitor is rare and such pronounced results are of clinical importance.

Keywords: ALK-positive NSCLC, Crizotinib, Bevacizumab

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