

CORRECTION**2003 AGM Poster Abstract**

The poster abstract entitled “Meropenem-induced Hepatic Injury”, by Toni Bailie, BScPhm, and Jenny Chiu, BScPhm, from Mount Sinai Hospital in Toronto, was printed incorrectly in the 2003 AGM program (*Can J Hosp Pharm* 2003;56[Suppl 3]:33). The correct version of the abstract appears below.

MEROPENEM-INDUCED HEPATIC INJURY

Toni Bailie BScPhm, Jenny Chiu BScPhm, Mount Sinai Hospital, Toronto, ON

Meropenem has a reported incidence of increased hepatic enzymes of 1.5-4.3%. A Med-line search revealed no reported cases of acute hepatic injury.

Our patient was a 56 year-old man who, after workup for his admitting symptoms, was diagnosed with plasmacytoid non-Hodgkin's lymphoma. He developed numerous complications including seizures and multi-drug resistant hospital-acquired pneumonia (HAP). On day 90 of admission, phenytoin was started for the seizures. On day 92, ciprofloxacin was changed to meropenem for his HAP. On day 95, liver function tests were significantly elevated and he was clinically jaundiced. CT of the abdomen ruled out any structural abnormality. Phenytoin and meropenem were held on day 97 and amikacin was started. GGT, ALP, total bilirubin peaked at 34, 16 and 11 times normal respectively. Liver function began to resolve and phenytoin was restarted on day 99. Liver parameters continued to improve despite verified therapeutic levels of phenytoin. The patient succumbed on day 112.

Meropenem and phenytoin, temporally, were both implicated for the acute liver toxicity. However, the patient did not exhibit the typical pattern for phenytoin-induced hepatotoxicity (e.g. no rash or fever, only cholestasis and negative rechallenge). GGT, ALP and bilirubin all promptly resolved upon withdrawal of meropenem. Meropenem-induced acute hepatic injury was considered to be probable according to the Naranjo probability scale.

The authors believe this to be the first reported case of meropenem-induced acute hepatic injury. Evaluation of each suspected agent by the pharmacist identified the most probable offending agent. Early recognition of probable toxicity may have prevented irreversible damage.

ANNOUNCEMENT**Newmarket Pharmacist Awarded York Region Women's Award**

CSHP member Carolyn Bornstein, BScPharm, received the Medical Support Services award at the “In Celebration of Women Awards Banquet for York Region” on May 3, 2003.

Recipients are selected on the basis of the quality and impact of their work, longevity of service, and volunteer activities in the community. These women are celebrated not only for their personal achievements, but also for the effect their efforts have had on the lives of others. Carolyn was acknowledged for her professional role in the ICU at Southlake Regional Health Centre in Newmarket, Ontario, the leadership she has shown throughout the hospital, her contributions to the profession of pharmacy (Ontario College of Pharmacists CE coordinator, Ontario Pharmacists' Association membership committee, York North Pharmacists' Association cochair), and her ongoing involvement on school councils and community volunteer work.

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www.yorkregionwomensawards.com

