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OXALIPLATIN-INDUCED DYSPHONIA AND DYSARTHRIA- A CASE REPORT

Sarada Kolathu[1]*,
Ranjini Pillai[2] ,
Akhila[3],
K Pavithran[4]

[1]Pharm.D final year,
Amrita School of
Pharmacy,Kochi

[2]Assisstant Professor
Department of Oncology

[3]Clinical Pharmacist ,
Department of Oncology

[4]Head of the
Department,
Medical Oncology &
Haematology,
Amrita Institute of
Medical Sciences, Kochi

Oxaliplatin is a new, third-generation platinum complex. It has a good safety profile characterized by low haematological-gastrointestinal toxicity.

It is commonly used in combination with 5-fluorouracil and folinic acid in the treatment of colorectal cancer. Neurotoxicity in the form of peripheral neuropathy is the most common side effect. However dysphonia and dysarthria are very rarely seen.

Here, we report a 54 year old female patient who presented with carcinoma colon. She underwent right hemicolectomy. CT scan abdomen showed stage 4 disease with multiple metastatic deposits in the liver. She was started on chemotherapy with CAPOX (Capecitabine/ oxaliplatin). She tolerated well during the first cycle. After 2nd cycle, she developed diarrhoea and cellulitis and 3rd cycle was delayed. During the 3rd cycle, she complained of pain and spasm of jaw muscle and her voice was very feeble, which lasted for 1 hour even after the infusion was stopped. She was then prescribed half tablet of clonazepam 0.5mg and sedated; it took almost 15minutes more for relief followed by chemotherapy.

In a study conducted by Netherlands Pharmacovigilance Centre, 4 such cases of laryngospasm in association with the use of oxaliplatin reported. This can be managed by stopping the use of oxaliplatin and replacing with hydrocortisone, chlorpheniramine and lorazepam.
The acute reversible pattern of sensory neuropathy was observed in about 56% of study patients who received Oxaliplatin with 5-fluorouracil. Neurotoxicity is the dose-limiting side effect with this drug. This side effect can manifest as two distinct forms: the acute, reversible sensory neuropathy and a chronic, cumulative neuropathy.

The acute form occurs with infusion while the chronic toxicity does not become apparent until 8–10 cycles. The treatment of oxaliplatin-induced neurotoxicity needs to start at the bedside. Nursing staff and oncologists should inform patients to avoid drinking cold beverages. This can prevent pseudolaryngospasm. Promising strategies exist that include dosing modification, increasing infusion time and neuromodulatory agents which include Ca/Mg infusion, glutathione, carbamazepine, gabapentine, and amifostine.

Keywords: Oxaliplatin, Dysphonia and Dysarthria