

## The Bulletin from the Clinical Pharmacist

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### Pharma Today

Diclofenac sodium is a non-steroidal anti-inflammatory drug widely used as an opioid sparing agent for acute pain.

A person who was injured in an RTA arrived with severe pain over neck and left shoulder. He had an entirely unexpected anaphylactic reaction to IV diclofenac sodium which was given to him at the ER.

Anaphylactic reaction to intravenous diclofenac sodium is a very rare occurrence. The patient had known history of allergy only to Gluten, and Lactose Intolerance.

Patient was given Adrenaline IM, and started on an infusion. He developed multiple episodes of VT/VF, with preserved pulse, that resolved with lignocaine.

He also had a seizure at the ER, became unconsciousness, was intubated and shifted to ICU on triple vasopressors.

Troponin I was - 1810.51 ng/L (normal range <47 ng/L).

After appropriate treatment and stabilization, he was discharged in a stable status.

#### **Various formulations of Diclofenac:**

Diclofenac preparations pair the drug with a salt such as sodium, potassium, or epolamine . Diclofenac sodium can be administered orally as a tablet or suspension, intramuscular in solution, intravenous in solution, transdermal in gel, or rectal routes as a suppository. Diclofenac potassium is available for oral administration in oral tablet or suspension forms. Diclofenac epolamine is available as a transdermal patch.

#### **Indications:**

Diclofenac is indicated for use in the treatment of pain and inflammation from varying sources including inflammatory conditions such as osteoarthritis, rheumatoid arthritis and ankylosing spondylitis, as well as injury-related inflammation due to surgery and physical trauma.

#### **Discussion:**

This bulletin reports an anaphylactic reaction to IV diclofenac. It highlights the importance of recognizing that, despite IV diclofenac sodium being generally safe and widely used, there are rare instances where severe and potentially fatal anaphylactic reactions can occur.

It is also contraindicated in patients with a history of anaphylactic reaction to NSAID drugs.

Elevated cardiac troponin I levels can occur in individuals experiencing anaphylaxis, indicating possible myocardial injury.

- It is crucial for clinicians to be aware of this rare complication to ensure accurate and timely diagnosis and management.
- **Follow up:** On discharge, provide a “Drug Allergy” card” to the allergic patient and instruct to carry on person always to ensure personal safety.