A note on oseltamivir treatment in a boy with G6PD deficiency

G6PD eksikliği olan bir erkek çocukta oseltamivir tedavisine ilişkin bir not

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To the Editor,

During the pandemic influenza A, a five-year-old boy was admitted to the hospital with the complaints of high fever, cough and sneezing. Influenza virus analysis from the nasopharyngeal discharge was positive for influenza A virus.

The patient previously had an acute hemolytic attack after eating fava beans, and glucose-6-phosphate dehydrogenase (G6PD) deficiency was later established.

As he had proven influenza A virus, oseltamivir was started at a dose of 45 mg twice daily for five days. He was completely normal after treatment. No hemolytic anemia occurred during oseltamivir treatment.

G6PD deficiency is an X-linked inherited disease. A child with G6PD deficiency is clinically and hematologically normal during his life, but in a situation of 'oxidative challenge', caused by either fava beans or by certain drugs, acute hemolytic anemia occurs. Thus, several drugs should be avoided in G6PD-deficient subjects.

Oseltamivir has not been tested on G6PD-deficient subjects, and G6PD-deficient individuals have been excluded from testing in ongoing studies.

It is well known that G6PD deficiency is not rare in the Turkish population [1]. This case is reported in order to share experience, since there has been no report on the clinical usage of oseltamivir or any safety data regarding its usage in G6PD-deficient subjects.

More data are necessary to reach a conclusion regarding the safety of oseltamivir therapy in G6PD-deficient individuals.

References

1. Altay Ç, Gümrük F. Red cell glucose-6-phosphate dehydrogenase deficiency in Turkey. Turk J Hematol 2008;25:1-7.

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