AMIODARONE DESENSITIZATION BY A NOVEL PROTOCOL IN A PATIENT WITH ADVANCED BIVENTRICULAR HEART FAILURE AND RECURRENT VENTRICULAR TACHYCARDIA

Poster Contributions
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Background: Patients with advanced cardiomyopathy (CM) are prone to ventricular tachycardia (VT). Amiodarone is first choice and allergic reactions are extremely rare. However, we present a case of generalized amiodarone-induced dermatitis, which was successfully desensitized by our novel protocol.

Case: A 66 year-old male with idiopathic CM (ejection fraction (EF) 15-20%), left bundle branch block, remote cardiac arrest due to VT, biventricular AICD and lymphoma experienced recurrent symptomatic VT requiring shocks ultimately climaxing in electrical storm. Historically he had been unable to tolerate amiodarone due to a generalized rash supportive of a delayed non-IgE mediated dermatitis, which had resolved after discontinuation. Allergies included rash to triamterene, triamcinolone and losartan, cough to lisinopril and losartan and nausea and hyperactivity to steroidal neuromuscular blockers. Dofetilide, mexiletine and metoprolol were at maximal doses, AICD settings optimized, and other antiarrhythmic options had failed. Amiodarone desensitization was pursued in the intensive care unit (ICU). Dofetilide had been discontinued and metoprolol held for 18 hrs. The following protocol was instituted: Pretreatment with 125 mg methylprednisolone and 20 mg famotidine once 4 hours before the first amiodarone dose. A cumulative dose of 150mg of amiodarone was infused at potentiating dosage each in 50 ml dextrose 5% over 15 mins, and then waited for 15 mins before the next dose. Starting dose was 0.008mg, followed by 0.02mg, 0.04 mg, 0.08 mg, 0.2mg, 0.4 mg, 0.8 mg, 1.6 mg, 4mg, 8 mg, 16 mg, and 120 mg. No reactions occurred. 400 mg amiodarone daily were started and he was discharged home in stable condition. Unfortunately he was readmitted two days later for recurrent VTs requiring shocks again. VT could be stabilized with amiodarone infusion and three boluses of 150mg. He eventually received a left ventricular assist device for destination therapy and was continued on amiodarone.

Conclusion: This case of successful amiodarone desensitization using our novel protocol is encouraging for similar cases, where amiodarone remains the only antiarrhythmic option despite previous skin reactions.