

PP013 I FEEL UNENERGETIC!

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INTRODUCTION

Contrast induced rhabdomyolysis is a relatively uncommon condition characterized by 5-fold increase of creatine kinase after administration of iodine-based contrast media.

CASE REPORT

This is a 67-year-old lady who presented to the Emergency Department with sudden onset of severe giddiness associated with generalized weakness over both upper and lower limbs. She just underwent a CT thorax in which iodine-based contrast was administered prior to developing these symptoms.

On clinical examination, she was haemodynamically stable. Assessment of power noted to be 4/5 over bilateral upper and lower limbs. There were reduced air entry bilaterally. Significant blood investigations showed CK 8962, CK-MB 15.9, Na 122, K 3.1. Urea and creatinine were normal. ECG showed u waves over precordial leads.

Potassium correction was started (IV 1 g KCl in 100 ml 0.9%NaCl over 2 hours) with fluid maintenance 5 pints 0.9%NaCl over 24 hours. Her weakness improved subsequently and she was admitted to medical ward. Her CK was reducing in trend and she was subsequently discharged to outpatient clinic to monitor her CK trend.

DISCUSSION AND CONCLUSION

The clinical manifestations of iodine-based contrast media induced rhabdomyolysis include diffuse myalgia and proximal muscle weakness. Iodine contrast media causes skeletal muscle injury by reducing muscle blood perfusion.

Non-traumatic rhabdomyolysis occurs when the energy supply to

muscle is insufficient to meet demands. Common causes of non-traumatic non-exertional rhabdomyolysis include recreational drugs i.e. heroin, cocaine, amphetamine, common drugs i.e. statin, colchicine, toxins i.e. carbon monoxide, snake venom and electrolyte disorders i.e. hypokalemia, hypophosphatemia, hypocalcemia and hyponatremia.

Although relatively uncommon, contrast induced rhabdomyolysis should be considered as a differential diagnosis in patients presenting with non-specific symptoms ie. giddiness and lethargy post contrast.