Iatrogenic reflux oesophagitis

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Summary

A REPORT on two patients with severe reflux oesophagitis caused by Emepronium Bromide ('CETIRPIN') prescribed for the treatment of urinary symptoms.

Emepronium Bromide is a quaternary ammonium anticholinergic drug, which blocks the peripheral cholinergic nerves and ganglionic transmission. In man it increases bladder capacity, delays the first desire to void and decreases voiding pressure.

In the last eighteen months two patients have been referred with severe pain on swallowing. The pain was localized behind the sternum and reached down to the epigastrium. On both occasions the symptoms came on rapidly a few days after the treatment was begun. Both patients were on a standard dose of 200 mgs. three times daily. The first patient had had some minor reflux with her last pregnancy thirteen years previously, but otherwise no symptoms suggestive of reflux. The second patient had never had any symptoms suggestive of oesophageal reflux. In both patients a major feature was the severity of their pain.

Investigations

(1) Oesophagoscopy was performed in the first case. The mucosa of the lower half of the oesophagus was acutely inflamed and bled easily and the oesophagoscope passed easily into the stomach.

(2) Barium Swallow was done in the second case and massive reflux with no evidence of hiatus hernia was very clearly demonstrated.

Treatment

(1) The drug was discontinued.

(2) Avoidance of stooping, straining and lying flat.

(3) Administration of antacids.

Progress

When the drug was stopped there was no change in the symptoms for the first week. Following this there was gradual improvement but the symptoms did not disappear completely until about three weeks had passed from the time that the drug was stopped.

Comment

Emepronium bromide as an anticholinergic drug is normally prescribed to relieve 'spasm' of the bladder sphincter. It would seem likely that in these two patients it has had the same effect on the spincter at the cardio-oesophageal junction, thus enabling the gastric contents to regurgitate. The symptoms came

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on after a few days and were very intense, so much so that the only thing which could be tolerated by the second patient, when swallowing, was milk at body temperature. After the drug was stopped there was no improvement in the symptoms for about a week and neither patient was symptom-free until three weeks had passed from the cessation of the drug. The second patient also complained of dryness in the mouth, but neither had ulceration of the gums and mouth previously reported in elderly mentally impaired patients, who had been holding the tablets in their mouths for prolonged periods. The latter was due to the local effect on the mucosa rather than the anticholinergic effect.

REFERENCE

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