Clinical Reminders

Cholestatic jaundice following carbimazole therapy in an elderly thyrotoxic patient

An 81-year-old lady with dyspnoea and palpitations was found to be in atrial fibrillation with a rate of 130 bpm.

She remained tachycardic despite digitalisation, and a thyroid function test revealed a low TSH (<1.0 mU/l) and high T4 (28 μg/dl).

Carbimazole 20 mg was commenced. However, 3 weeks later, the patient became jaundiced (bilirubin 144 μmol/l, ALP 1192 μU/l and ALT 289 μU/l). Abdominal ultrasound, viral hepatitis titres and autoantibodies were normal.

Carbimazole was replaced by Propylthiouracil and within three days liver biochemistry began improving and two months later had normalised.

Side-effects of carbimazole include rash, pruritus and agranulocytosis [1]. Cholestasis is a rare side-effect [2]. Recent reports of cholestatic jaundice caused by sequential carbimazole and propylthiouracil suggest the possibility of crossover reactivity [3] but fortunately our patient recovered on stopping carbimazole.

Carbimazole may induce fulminant hepatitis and we suggest periodic monitoring of liver function tests because early detection of drug-induced cholestasis is required to minimise the risk of potentially fatal consequences.

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Ventriculomegaly or symptomatic hydrocephalus? Beware of atypical neurological syndromes

Many elderly patients with ventriculomegaly are referred to neurosurgeons because of possible ‘normal pressure hydrocephalus’ syndrome. Only in a small number of cases will cerebrospinal fluid (CSF) diversion lead to clinical improvement because the clinical and radiological picture is due to coexistent cerebrovascular and neurodegenerative conditions. A previously well 77-year-old widow presented with 5 months history of progressive cognitive impairment, decreased mobility and blunting of affect. She progressively became confused, withdrawn, rigid and then akinetic and mute. Computerised tomography (CT) of her brain (Figure 1A–C), showed large ventricles but no other lesion. She subsequently had a lumbar puncture, which showed normal pressure (13 cm H2O), but an elevated CSF protein (1.83 g/l). A magnetic resonance imaging (MRI) scan (Figure 1D) demonstrated a C1/C2 meningioma. She made an excellent recovery following CSF diversion and removal of the meningioma (Figure 1F). The message from this report is that patients with hydrocephalus and unusual neurological features [1, 2] merit some investigation.

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