Re: Vinorelbine-Induced Pancreatitis: a Case Report

Tester et al. (1) recently published information on a case of vinorelbine-induced acute pancreatitis. We report a similar case of acute pancreatitis following vinorelbine administration in a 74-year-old woman. This patient was admitted to our institution in August 1996. She had multiple pulmonary metastases from breast cancer after having undergone potentially curative modified radical mastectomy 3 months previously. Because of her advanced age and the presence of cardiovascular comorbidity, including coronary heart disease and a history of cerebral infarction 15 years ago, palliative chemotherapy with vinorelbine at an age-adjusted dose of 25 mg/m² per week was initiated. Two days after the first administration of drug, the patient became icteric and complained of nausea and emesis along with upper abdominal pain.

Analysis of laboratory values revealed that the patient had an elevated serum bilirubin level (4 mg/dL) as well as a threefold increase in the levels of transaminases. In addition, she had an amylase level of 190 U/L (reference value = 120 U/L) and a serum lipase level of 434 U/L (reference value = 200 U/L) consistent with acute pancreatitis. Radiologic examinations including ultrasound and computed tomography scan of the abdomen showed no pathologic findings. Her symptoms resolved with symptomatic treatment within 3 days, and laboratory levels returned to normal values within 5 days.

In view of these findings, we decided to perform prospective measurements of amylase–lipase levels in 25 patients undergoing a total of 78 therapy cycles with vinorelbine for advanced breast cancer. The weekly dose of vinorelbine was between 35 mg/m² and 40 mg/m², and seven treatment courses in four patients were accompanied by prolonged nausea and emesis. However, no pathologic laboratory findings suggestive of subclinical pancreatitis could be demonstrated in any of the 25 patients. Thus, vinorelbine-induced acute pancreatitis seems to be an unusual phenomenon. According to the findings of Tester et al. (1), however, it does not seem to be restricted to older patients with a high rate of comorbidity as in our case patient. While Tester et al. (1) did not state the dose of vinorelbine administered, the findings in our case patient do not suggest a direct dose-dependent toxicity of the drug. While we agree with Tester et al. (1) that clinicians should be aware of the potential occurrence of vinorelbine-related pancreatitis, we believe that analysis of amylase–lipase levels on a routine basis is not necessary because of the very low frequency of this phenomenon.

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Reference


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