Clinical vignette

Sitagliptin-induced bilateral Achilles tendinitis

Sitagliptin (Januvia) is a widely used oral dipeptidyl peptidase-4 (DPP-4) inhibitor for the treatment of diabetes. Studies suggest that the drug is well-tolerated and no musculoskeletal side effects have been reported [1]. A 56-year-old female developed bilateral Achilles tendinitis 4 months after restarting sitagliptin. There was no trauma to the Achilles tendons, but she had recently started a low-impact exercise programme; she stopped exercising with no relief. She had no history of SpA, inflammatory arthritis or quinolone exposure and her HLA-B27 status was unknown. Physical therapy did not resolve her symptoms. She then tried a controlled ankle motion boot, ice application, AchilloTrain braces, ViscoHeel lifts and two additional courses of physical therapy over the ensuing 9 months without improvement. Bilateral ankle MRI confirmed insertional Achilles tendinosis on the left and low-grade insertional tendinitis of the right Achilles tendon (Fig. 1). Eventually her sitagliptin was discontinued because of the temporal relationship of her symptoms to restarting sitagliptin. After 4 weeks the patient reported complete resolution of her Achilles pain on the left and >50% improvement on the right. She has remained off sitagliptin and has had no further problems with tendinitis since that time.

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