



2. Clinical Pictures in Hematology

Unusual Manifestations of Vincristine Neuropathy: Report of Two Cases of Hodgkin Lymphoma

Vinkristin Nöropatisinin Nadir Manifestasyonları: Hodgkin Lenfomalı İki Olgu Raporu

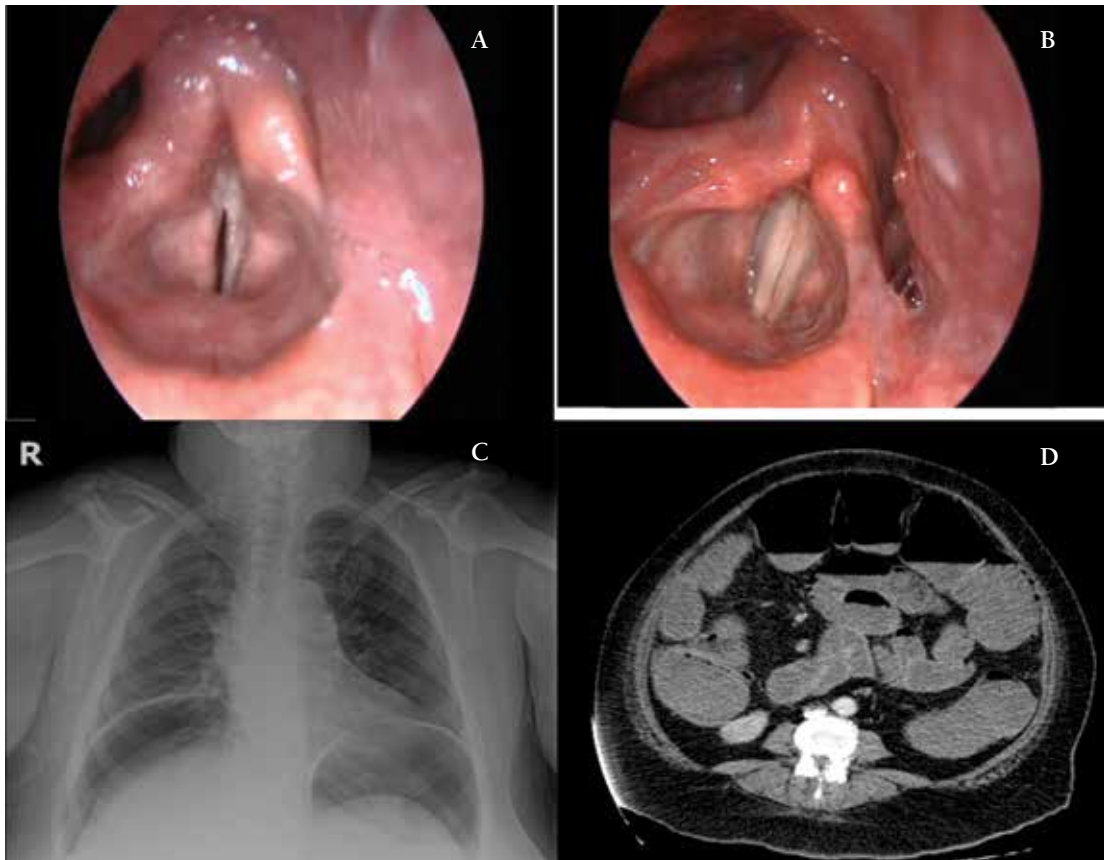


Figure 1. Videolaryngoscopy reveals immobile left vocal cord (A) and normal moving vocal cords (B) in case 1. Plain X-ray shows free air beneath the diaphragm (C) and abdominal CT shows dilated loops with intestinal pneumonitis (D) in case 2.

Case 1

An 81-year-old man presented with a 6-month history of progressive cervical mass and weight loss. A biopsy specimen from a right supraclavicular lymph node was suggestive of

Hodgkin disease of mixed cellularity/lymphocyte-depleted type. The clinical stage was IIB and the patient was started on combination chemotherapy with doxorubicin, bleomycin, vincristine (since vinblastine was not available on the market),

and dacarbazine (ABVD). Two milligrams of vincristine was administered on days 1 and 14 of each 28-day cycle. After 2 courses (8 mg of vincristine), the patient complained of hoarseness. He noted weakness in his voice. Videolaryngoscopy revealed left vocal cord immobility with structurally normal-appearing cords (Figure 1A). His clinical profile and videolaryngoscopic findings were consistent with vinca alkaloid-induced vocal cord paralysis. Vincristine was omitted from the chemotherapy protocol and the patient's hoarseness resolved gradually. Five months after stopping vincristine, the patient's voice was much improved and his hoarseness disappeared. Repeat videolaryngoscopy showed normal vocal cords that moved freely (Figure 1B). Informed consent was obtained.

Case 2

A 43-year-old woman presented with a 3-month history of progressive dyspnea. Biopsy of a right supraclavicular lymph node showed classical-type mixed cellularity Hodgkin disease. The clinical stage was IIIA and the patient was started on combination chemotherapy with ABVD. Two milligrams of vincristine was administered on days 1 and 14 of each 28-day cycle. After 3 courses (12 mg of vincristine), the patient complained of mild abdominal pain and distension with constipation. Five days later, despite supportive care, her abdominal distension increased markedly and bowel sounds were not heard. An upright film of the chest revealed free air under the diaphragm (Figure 1C) and abdominal CT showed dilated loops with intestinal pneumonitis (Figure 1D). She underwent an emergent exploratory laparotomy. Since she had a perforation in the cecum measuring approximately 2 cm as well as small and large bowel dilatation, right hemicolectomy/ileotransversectomy was performed. A diagnosis of paralytic ileus due to autonomic neuropathy induced by vincristine was made. Due to severe sepsis, the patient rapidly deteriorated postoperatively and died 2 weeks after the operation.

Vocal cord paralysis is an unusual manifestation of vincristine neurotoxicity. Most cases present with unilateral nerve palsy, and hoarseness of voice is the most common presenting symptom [1,2,3,4]. Vinca alkaloid-induced myenteric nerve damage may contribute to paralytic ileal and cecal distension that further enhances intestinal ischemia [5]. Since these complications are not always realized, prompt recognition is imperative for avoiding severe dysfunction of several organ systems. Informed consent was obtained.

Key Words: Vincristine, Neuropathy, Vocal cord paralysis, Paralytic ileus

Anahtar Sözcükler: Vinkristin, Nöropati, Vokal kord paralizi, Paralitik ileus

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Received/Geliş tarihi : May 6, 2013

Accepted/Kabul tarihi : May 27, 2013

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