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CASE REPORT: DRUG INDUCED HEPATITIS AFTER CEFUROXIME AND METRONIDAZOLE ADMINISTRATION

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Background: Drugs and other chemical substances are responsible for less than 5% of cases for jaundice or acute hepatitis in general population and less frequent for cases of chronic liver diseases. It is referred that beta lactames and especially those with penicillinase resistance can be rarely hepatotoxic. Cholestatic jaundice is the predominant manifestation of this liver-toxicity. Imidazoles are not referred until now as causative factors of hepatic damage.
A 10 years old girl was referred in our clinic because of abdominal pain, vomiting and jaundice. Symptoms appeared the 4th day of treatment with cefuroxime and metronidazole for a peridental abscess. Two days later acholic stools and dark urine were noted. Laboratory investigation showed increased levels of hepatic enzymes and bilirubin (SGOT=726, SGPT=1034, γ-GT=87, total bilirubin= 9,2 unconjugated bilirubin=6,4). Further laboratory investigation excluded other causes of acute hepatitis (Wilson's disease, α1– antithrypsin insufficiency, viral hepatitis etc.) Abdominal ultrasound showed liver enlargement and biopsy of the liver was indicative of drug hepatitis.
Ursodeoxycholic acid and vitamins and were empirically given to the patient.
A few days later gradual remission of clinical and laboratory findings were noted.
At a 6th month of follow up time the child was feeling well and laboratory findings was also normal.
Conclusions: Cefuroxime induced acute hepatitis may be more possible, when the drug is used in combination with metronidazole.