Letters to the Editor

Lovastatin-associated dermatomyositis

Sir,

We would like to report the case of a patient who developed a muscular and cutaneous clinical picture consistent with dermatomyositis while taking lovastatin for hypercholesterolaemia.

Our patient was a 63-year-old woman who was started on lovastatin (HMG-CoA reductase inhibitor, 20 mg daily) in 1992. She took no other drug. Two years later she developed proximal muscle weakness affecting the hip and shoulder girdles over a period of five months, as well as proximal dysphagia. Cutaneous involvement accompanied muscle weakness. A rash with heliotropic colour and oedema affected her upper eyelids. Gottron's papules were found over the extensor surfaces of the elbows, knees and the hands. Nailfolds showed periungual erythema and telangiectatic changes. Creatinine kinase, adolase and lactate dehydrogenase were raised. Renal function was normal. The electromyogram showed decreased amplitude and duration of motor units potentials and fibrillations on muscle contraction (myopathic changes) in proximal muscles. Muscle and skin biopsies showed chronic inflammatory perivascular infiltrates and widespread destruction of muscle fibres with phagocytic reaction. Chronic inflammatory infiltration and vacuolar degenerative changes in the papillary dermis were found. Immunological laboratory data and investigation for an underlying neoplasm were negative. She was started on prednisone (1 mg/kg/day) with great improvement of the muscle weakness. One year after diagnosis the patient was free of symptoms and the rash had completely resolved.

A long list of drugs can cause myopathic changes (box), although the exact mechanisms by which they cause myopathy is uncertain. Some, such as penicillamine, hydralazine, and procainamide, are immune mediated. Others, such as alcohol, may have direct toxic effects. Still others may cause metabolic or electrolyte abnormalities. For example, thiazide diuretics induce hypokalaemia which can cause weakness, myalgias and cramps;[1] AZT induces a myositis with inflammatory mononuclear infiltrates in muscle biopsy specimens; D-penicillamine and HMG-CoA-reductase inhibitors can induce polymyositis or dermatomyositis.[2]

Transient rises in serum creatinine kinase in patients on HMG-CoA-reductase inhibitors are common, and cases of rhabdomyolysis have been reported with the use of these drugs.[3,4] There have been two previously reported cases of dermatomyositis syndrome in patients receiving this type of cholesterol-lowering agents.[5,6] Interestingly, another paper reported a patient with lovastatin-induced rhabdomyolysis with pathologic changes on muscular biopsy resembling those seen in polymyositis.[7]

As in previous reports, a direct causal link between the drug (lovastatin) and dermatomyositis has not been established here. However, we feel that clinicians should be aware of the possibility that this type of drug may trigger immunological mechanisms leading to the development of dermatomyositis.

JL RODRIGUEZ-GARCIA
M SERRANO COMMINO
Internal Medicine Service,
Ramón y Cajal Hospital,
Madrid, Spain

Drugs that can cause myopathic symptoms or syndromes

alcohol
bezafibrate and others*
carnitine
chloroquine
cimetidine*
clofibrate
cocaine
colchicine
danazol
gemfibrozil
glucocorticoids
heroin
hydralazine
hydroxychloroquine
ipecac
levodopa
lovastatin and others**
D-penicillamine**
phenytoin
procainamide
rifampin
sulfonamides
L-tryptophan*
valproic acid
vincristine
zidovudine*

*Drug-related polymyositis
**Drug-induced polymyositis or dermatomyositis.

1 Zuckner J. Drug-related myopathies. *Rheum Dis North Am* 1994; **20:** 1017–32.
2 Wortmann RL. Inflammatory diseases of the muscle. In: Kelley, ed. *Textbook of rheumatology,* fourth edn. WB Saunders Co, 1993; pp 1159–88.
3 Wallace CS, Mueller BA. Lovastatin-induced rhabdomyolysis in the absence of concomitant drugs. *Ann Pharmacol* 1992; **26:** 190–2.
4 Norman DJ, Illingworth DR, Munson J, *et al.* Myolysis and acute renal failure in a heart-transplant recipient receiving lovastatin. *N Engl J Med* 1988; **318:** 46–7.
5 Khattak FH, Morris IM, Brandford WA. Simvastatin-induced dermatomyositis. *Br J Rheumatol* 1994; **10:** 199.
6 Schalke BB, Schmidt B, Tokya K, Hartung HP. Provastatin-associated inflammatory myopathy. *N Engl J Med* 1992; **111:** 649–50.
7 Goldman JA, Fishman AB, Lee JE. The role of cholesterol-lowering changes in drug-induced rhabdomyolysis and polymyositis. *Arthritis Rheum* 1989; **32:** 358–9.

Retained gallstone fragments following laparoscopic cholecystectomy

Sir,

Williams and colleagues[1] suggest that a persistent discharging wound sinus following laparoscopic cholecystectomy is an unusual complication and they were aware of only one similar report.[2] In fact, there are several reports of retained gallstone fragments causing wound problems.[3,4] Although retained gallstones may lead to wound abscess after open cholecystectomy,[5] it would appear that the retention of gallstones in the wound is more likely to occur and remain undetected during laparoscopic procedures. This complication, and the more serious complications resulting from retained intraperitoneal gallstones,[6,7] highlight the importance of avoiding gallstone spillage during laparoscopic cholecystectomy.

R HUTCHINSON
Department of Surgery,
Good Hope Hospital,
Sutton Coldfield,
West Midlands B75 7RR, UK

1 Williams N, Hill J, Shafig M. Persistent discharging wound sinus from retained gallstone fragments following laparoscopic cholecystectomy. (letter) *Postgrad Med J* 1995; **71:** 382.
2 Cacdac RG, Lakra YP. Abdominal wall sinus tract secondary to gallstones: a complication of laparoscopic cholecystectomy. *J Laparoendosc Surg* 1993; **3:** 509–11.
3 Dreznik Z, Soper NJ. Trocar site abscess due to spilled gallstones: an unusual late complication of laparoscopic cholecystectomy. *Surg Laparosc Endosc* 1993; **3:** 223–4.
4 Guy PR, Watkins DS, Thompson MH. Late discharge of stones after laparoscopic cholecystectomy. *Br J Surg* 1993; **80:** 1052.
5 Williams PR, Foster ME, Lewis MH. Late discharge of stones after laparoscopic cholecystectomy. *Br J Surg* 1994; **81:** 152.
6 Tschmelitsch J, Glaser K, Klingler A, Klingler P, Bodner E. Late complication caused by stone spillage during laparoscopic cholecystectomy. *Lancet* 1993; **342:** 369.
7 Walshaw CF, Deans H, Krukowski ZH. Free intraperitoneal gallstones following laparoscopic cholecystectomy. *Clin Radiol* 1993; **48:** 258–9.