

Terlipressine-induced ischemic skin necrosis and malignant arrhythmia: case report

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Terlipressine is a long-acting synthetic analogue of vasopressine used in the treatment of complications of liver cirrhosis such as hepatorenal syndrome (HRS) or variceal bleeding. Some of the most common adverse effects are abdominal cramps, headaches, bradycardia, and peripheral vasoconstriction. Despite being rare, malignant arrhythmia and skin necrosis can lead to fatal outcome. We report a female patient with HRS type 1 who received terlipressine intravenously for 7 days. Since there was no evidence of clinical improvement, on the 6th day norepinephrine was introduced as a second vasopressor. The day after the second drug was added, bullous skin changes occurred on her extremities and trunk. Those changes quickly progressed to necrosis and repetitive polymorphic VT with prolonged QTc intervals were also noted. Because of the severe adverse effects terlipressine was discontinued which led to an improvement of the skin lesions and cessation of malignant arrhythmia. Despite treatment, HRS led to multiple organ failure subsequently causing death of the patient. Although it is very effective in the treatment of HRS, terlipressine carries certain risk of side effects. Potentially lethal adverse effects are rare but nevertheless, it is important to know them in order to be able to recognise them as soon as possible.