Hypoprothrombinemia and Cephalosporins in Uremia. Part

U.	Ugo	Vertolli
C.	Claudio	Vinci
A.	Agostino	Naso

Divisione di Nefrologia e Dialisi. Ospedale Civile, Padova, Italia

Dr. Ugo Vertolli, Via Filiasi 394, I-35128 Padova (Italy)

Dear Sir,

We previously reported on the drop in prothrombin time when treating patients with two particular cephalosporins: cefamandole and cephazoline [1]. Now, 2 years later, we can enumerate 10 new cases of very low prothrombin time in uremic patients (acute or chronic) treated mainly in ICU or surgery departments with cephazoline. Furthermore, we found 2 new cases in our department – one treated with cephoxitin (ARF after surgery for ischemic limb disease), and the other, an old hemodialyzed woman with bronchopulmonary infection, who was given cephotaxime. In the search for whether ICU, dystrophy and/or parenteral nutrition could be a precipitating factor for this undesired side effect, we treated a well-nourished 50-year-old hemodialyzed patient who needed anti-biotics for pharyngitis with 2 g cephazoline end dialysis for 10 days. We could not find any impairment of the prothrombin time.

We would like to point out that (1) not only are cephalosporins carrying N-methyl-thiotetrazole or thiodiazolyl groups responsible for this side effect in uremic patients, but that (2) poor/parenteral nutrition and stress probably also play a role.

References

Vertolli U, Vinci C, Naso A: Hypoprothrombinemia and cephalosporins in uremics. Nephron 1992;62:239.