Parotitis as an adverse event of cytarabine

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INTRODUCTION
Chemotherapy causes many adverse events, according to the combination of agents used. The aggressiveness of the oncologic disease itself is also a relevant risk factor for rare adverse events.

AIMS AND METHODS
The clinical file of a patient diagnosed and treated in our center with Diffuse Large B-cell non Hodgkin Lymphoma was reviewed, in order to characterize the disease course and better understand the complications underlying her treatment.

RESULTS

Left hemiparesis and choreiform movements
Central Nervous System Diffuse Large B-cell (DLBC) NHL

De Angelis protocol was completed after radiotherapy
Complete response

3 episodes of meningitis and epileptic crisis caused by infection in the Ommaya catheter

After the 1st dose of cytarabine: bilateral oedema and pain in the parotid region.

While on the 2nd dose of cytarabine: fever and progressive worsening of the bilateral oedema, with erythema and high sensitivity to touch (Figure 1).

PAROTITIS
IV CEFTRIAXONE > ORAL AMOXICILLIN AND CLAVULANIC ACID
(1 week, recovery in figure 2)

Peripheral DLBC NHL, stage IV (pancreas, myocardium, supra-adrenals and uterus involvement, without cerebral lesion)

2R-ACVBP (with bad tolerance) and 2 R-CHOP, followed by autologous bone marrow transplant (no relevant complications)
Complete response

Secondary hemophagocytic syndrome, managed with corticosteroids

R-ACVBP: rituximab plus doxorubicin, cyclophosphamide, vindesine, bleomycin and prednisone
R-CHOP: rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone.

CONCLUSION
This patient had several complications along her disease course. Parotitis is a rare but reported adverse event with cytarabine that did not influence negatively the course of this disease or its treatment. According to the literature, there is a risk of recurrence when the patient is exposed a second time to the same agent, as happened in this clinical case.

REFERENCES

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