



CASE STUDY ON PREDNISOLONE INDUCED GASTRITIS, CANDIDIASIS AND STOMATITIS

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Article Received on 01/02/2017

Article Revised on 25/02/2017

Article Accepted on 13/03/2017

ABSTRACT

Chronic administration or use of steroids have a lot of side effects like cushing syndrome, gastritis, glossitis, angioedema, avascular necrosis, bradycardia, candidiasis, glossitis and cardiomyopathy etc. Prednisolone is a glucocorticoid drug which is indicated in SLE, asthma, ulcerative colitis and in inflammatory condition. The usual dose of Prednisolone in SLE is 5mg per day. Normal serum cortisol level is 10 to 20 ug/dl. Here is the case of 31 year old female patient who is suffering from gastritis, candidiasis, glossitis and stomatitis caused by chronic use of Prednisolone. She is a known case of SLE since one and half year and she is taking Prednisolone 10mg TID since 1 year and 5mg BD 3 months back. She has complaints of loose stools since 3days associated with Mucus and blood (several episodes), fever (102F), Nausea, vomiting, general weakness, Bp-100/70 mmhg, cardiomyopathy, oral candidiasis, oral ulcers, difficulty swallowing, erythematous rash all over oral cavity, sore throat. She was treated with (raccadotril), probiotics and PPI and monitoring of serum cortisol level is necessary in this case and withdrawal of drug was done in this case. Advising the patients regarding the side effects of Prednisolone and life style modifications such as diet with yoghurt and patient should undergo regular medical checkups to assess the effect of steroid in the body. By monitoring of serum cortisol levels we can avoid the toxicity.

KEYWORDS: Prednisolone, Cushing syndrome, stomatitis, SLE.

INTRODUCTION

Gastritis is an inflammation, irritation that lying in the stomach. It can occur gradually (chronic) or suddenly (acute). Glucocorticoid increases gastric acid secretion reduces mucus secretions and which intern causes gastrin and parietal cell hyperplasia and delay of healing of ulcers. These events considered to be responsible for GIT side effects of glucocorticoid. Prolonged administration of glucocorticoid hormones especially in the treatment of lymph proliferative disorders at levels of higher doses are the most common causes of occurring side effects includes gastritis candidiasis, stomatitis, Cushing syndrome, cataract, hypertension, dyslipidemia, and these are predisposed to life threatening infections.

CASE HISTORY

A 31 year old female patient was admitted in general medicine department of the hospital (2^o care), Hyderabad with chief complaints of loose stools sine two days before admitted in hospital associated with mucus and blood, nausea, vomiting, general weakness, body ache, pallor since 3 weeks, oral candidiasis, oral ulcers, erythematous rash all over oral cavity and difficulty in

swallowing. She is a known case of SLE. She had erythematous rash all over during her first childbirth and have used prednisolone 10mg tid till one year and after one year, she started using of prednisolone 5 mg bd 3 months. On examination patient was conscious and well oriented to time and place but on physical appearance was week. Oral candidiasis, oral ulcers, erythematous rash, pale and her vitals were as follows BP:90/60 mm hg, PR:74 b/min, cvs:s1s2, RS:BAE, CNS:No abnormality present. P/A: distension, T:102 F, Lab investigations shows patient had normal FBS, serum cortisol level was elevated to 33.4mcg/dl, serum K level elevated -7.0 meq/l, Hb-9.2g, stool for occult blood – ve, PLT: 3.2 lakhs/cumm, gastroscopy was done. So based on both subjective and objective evidence the patient is provisionally diagnosed as gastritis, candidiasis and stomatitis due to chronic use of corticosteroids (prednisolone). Patient was treated with anti diarrheal drugs (Raccadotril), PPI, anti emetic drugs, tab. limci, tab folvit, ciflox-d (quinollones), tab. dolo and probiotics, tab prednisolone usage was immediate withdrawal. Serum cortisol level is measured during follow up visit which shows reduction in serum cortisol level.

DISCUSSION

Gastritis may be caused by irritation due to excessive alcohol, chronic vomiting, stress or use of NSAIDs, H. pylori and bile reflux. In this condition long term exposure to therapeutic administration of corticosteroids induces side effects like gastritis. The pharmacokinetic properties of glucocorticoids have individual differences in steroid metabolism, daily dosage and duration of therapy. So before initiating the therapy of steroids patient should educate about these serious side effects.

CONCLUSION

Chronic use of corticosteroids such as prednisolone is the most common cause of gastritis, oral candidiasis, stomatitis. Patient care taker should be thoroughly informed about this potential risk associated with its long term use and symptoms of the steroids induced illness. The patient should be administered with probiotics and vitamin supplements (vitamin- c) administration, lifestyle modifications such as diet with yoghurt, avoidance of beverages use and patient should undergo regular medical checkups to assess the effect of steroid in the body.

ACKNOWLEDGEMENTS

We take this opportunity to express our gratitude and respectful thanks to all the members who give support and assistance to publish this case report.

CONFLICT OF INTEREST

The author declares there is no Conflict of Interest.

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