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Letter to the editors

The case of Vepesid overdosage in a patient with Hodgkin's disease

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Sirs,

We report on the unintended overdosing of Vepesid in a patient with Hodgkin's disease. K. N., a 25-year-old woman, was diagnosed in March 1981 as having stage IIA Hodgkin's disease involving the cervical, left axillar and mediastinal nodes. The patient was given total nodal irradiation using mantle-field and inverted-Y techniques; the total tumor dose was 39 Gy given in 30 fractions, and the dose was increased to 45 Gy for the neck and mediastinum. On follow-up, she did not show any evidence of disease until August 1983, when X-ray examination revealed Hodgkin's disease infiltrations in both lungs. The patient was started on chemotherapy according to the ABVD regimen.

After the fifth cycle of chemotherapy, the lung infiltrations were still evident and the general symptoms of bone marrow infiltration appeared. Due to blood vessel obliteration, intravenous administration of the drugs had to be discontinued. Oral chemotherapy with Vepesid was planned. The patient received a prescription for 100-mg Vepesid tablets and was warned to consult with the institute about the dosage as soon as she obtained the drug and before its use. She did not show up until July 1984 and complained of fever, coughing diarrhea and progressive fatigability. She admitted to have taken 2 tablets of oral Vepesid daily for 25 days, for a total of 49 tablets, that is, 4,900 mg Vepesid. She was admitted to the Medical Oncology Department with pneumonia but with no evidence of Hodgkin's disease.

The patient's blood tests were normal. Immunological tests disclosed a leukocyte count of 1,530 mm^3 (standard, 1,870 ± 500), a reduction in T lymphocytes to 650/mm^3 (standard, 1,310 ± 380), and a significant reduction in blastic transformation to 1,952 – 2,740 (standard, 11,290 ± 6,235 cpm). Treatment consisted of 3 g ampicillin daily, 100 mg hydrocortisone daily, and a blood transfusion of 1,000 ml. The patient left the hospital after 15 days in good general condition, with no evidence of disease; she has been in relapse-free remission for 57 months. The reductions in T leukocytes and blastic transformation remain unchanged.

Our patient took 4,900 mg oral Vepesid, which is equal to an i.v. dose of 2,500 mg. As reported in the literature, the highest doses of Vepesid given in VP-16 high-dose chemotherapy (240 – 2700 mg/m^2) with autologous bone marrow transplantation were complicated by life-threatening mucositis lasting for 2 – 3 weeks.

At the 57-month follow-up, the main complications in our patient are myelosuppression and immunosuppression. Early grade 1 – 2 complications (according to WHO criteria) were observed but did not endanger the patient's life. This case indicates the possibility of increasing the standard dose of this drug to improve the effectiveness of treatment.

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