

## Amlodipine

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**Acute colonic pseudo-obstruction: case report**

An 87-year-old man developed acute colonic pseudo-obstruction during treatment with amlodipine.

The man, who had a past history of vascular dementia, heart failure, bronchial asthma, benign prostatic enlargement, essential hypertension, dyslipidaemia and functional impairment due to poor mobility, had been receiving amlodipine [*route and dosage not stated*], along with bisoprolol, losartan, clopidogrel, alfuzosin, atorvastatin, dutasteride, hydrochlorothiazide, pantoprazole, doxofylline and salbutamol. He presented to the emergency department with fatigue, anorexia and generalized weakness for 3 days. He was disoriented and hypoxic and an abdomen examination showed distended abdomen with sluggish bowel sounds. Subsequent laboratory examinations revealed the follows: positive for severe acute respiratory syndrome-coronavirus-2 pneumonia, abnormal levels of serum sodium, potassium and arterial partial pressure of oxygen, CRP, D-dimer, serum ferritin and troponin-T. Further, abdominal X-ray and ultrasound revealed that he had colonic shadows and cholelithiasis, respectively. A chest X-ray showed a reduced right lung volume, bilateral heterogeneous opacities and obliterated costophrenic angle. Thereafter, in hours he experienced high grade fever, tachypnoea and delirium worsening. Later on, he was diagnosed with sepsis along with probable gut translocation as the source of infection. A contrast-enhanced CT of the abdomen revealed that dilated transverse, descending and markedly dilated sigmoid colon. Based on finding, he was suspected to have acute colonic pseudo-obstruction.

The man's was treated with meropenem. Following the treatment, blood, urine and stool culture showed negative results. He had been taking standard treatment including electrolyte abnormalities correction. In spite of conservative management sub-acute intestinal obstruction recurred. Due to sepsis, cognitive impairment and low baseline functional status colonic decompression was delayed in view of less surgical outcome. He developed frank haematuria maybe because of urethral injury due to an indwelling urinary catheter. On the day 21 of hospitalization, he died [*cause of death not stated*]

Samuel SV, et al. Acute colonic pseudo-obstruction in two patients admitted with severe acute respiratory syndrome-coronavirus-2 pneumonia. IDCases 25: Jan 2021.  
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