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【 PICTURES IN CLINICAL MEDICINE 】

Refractory Monomorphic Ventricular Tachycardia Induced by Anamorelin

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Key words: cancer-related cachexia, anamorelin, ventricular tachycardia

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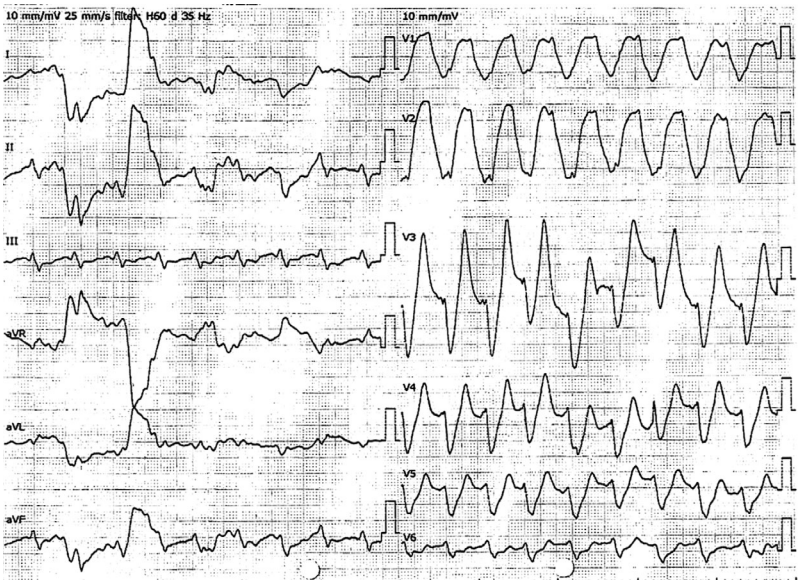
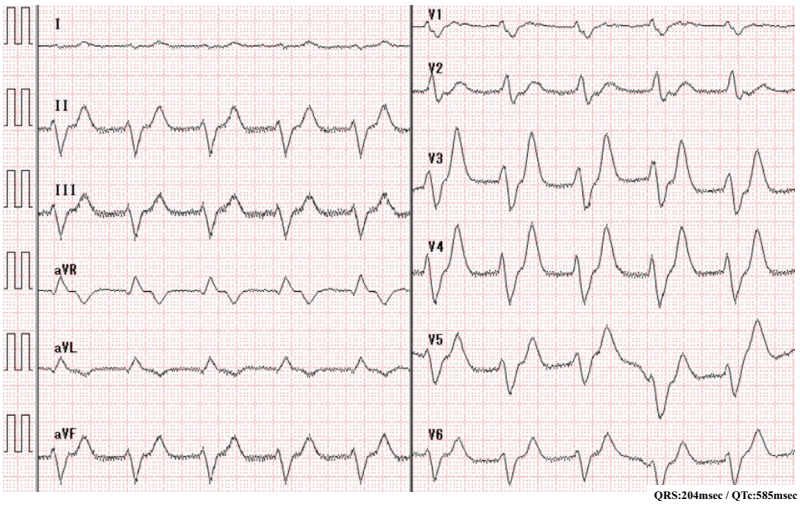


Picture 1.



Picture 2.

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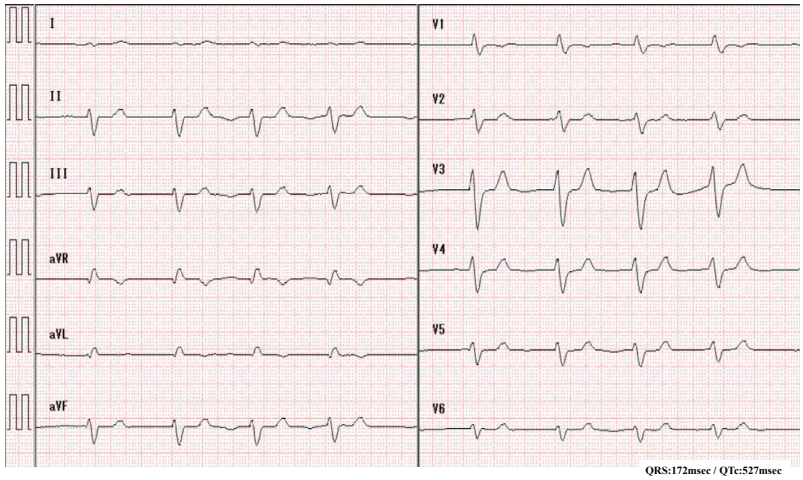
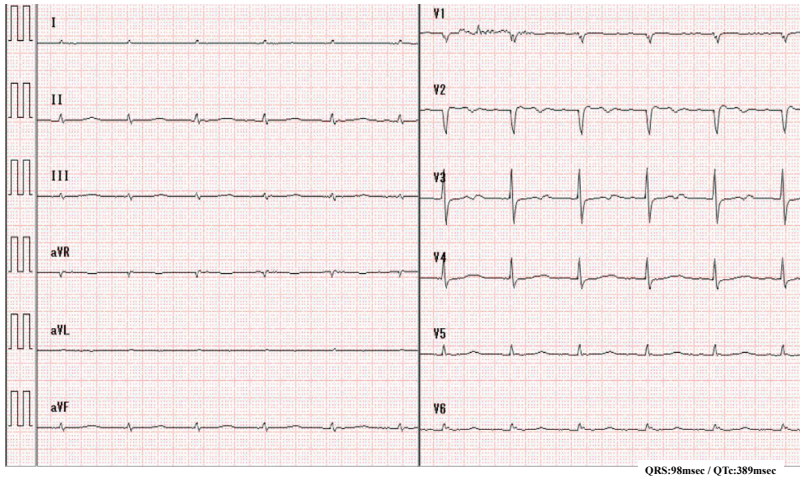


Picture 3.



Picture 4.

An 80-year-old woman who had advanced pancreatic cancer with hepatic impairment and hypoproteinemia was treated for cancer-related cachexia with anamorelin (100 mg/day) 15 days ago. After taking anamorelin at 2 pm, she felt dizziness and general malaise and presented to our emergency room at 10 pm. Her electrocardiogram (ECG) revealed sustained ventricular tachycardia (sVT) (Picture 1). After admission, electrical cardioversion was performed 4 times (150 J; Picture 2). Next, amiodarone and magnesium were administered, and left stellate ganglion block was performed (Picture 3). After 11 hours, her ECG showed a normal QRS width (Picture 4). However, the patient ultimately died because of a worsening condition on the fifth day. Anamorelin reportedly shows weak binding to the sodium channel (half-life: 9 hours) (1). Because there was no change in the blood examination findings or medication after anamorelin administration, her QRS width recovered 19 hours after anamorelin discontinuation. Therefore, we suspect that anamorelin induced QRS widening and sVT.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Pietra C, Takeda Y, Tazawa-Ogata N, et al. Anamorelin HCl (ONO-7643), a novel ghrelin receptor agonist, for the treatment of cancer anorexia-cachexia syndrome: preclinical profile. J Cachexia Sarcopenia Muscle **5**: 329-337, 2014.