Angioneurotic oedema and urticaria induced by hyoscine butylbromide

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Summary

A case of angioneurotic oedema and urticaria developing during therapy with hyoscine butylbromide is described. It is believed to be the first reported.

Introduction

Hyoscine butylbromide (Buscopan) is an anticholinergic agent with central and peripheral actions. It is almost entirely metabolized in the body (Reichel, 1976).

Case report

A 23-year-old white female was admitted to hospital following the sudden onset of swelling of her eyelids, urticarial lesions on her trunk and extremities and a feeling of tightness in her throat. The patient was being treated symptomatically for abdominal colic with hyoscine butylbromide (Buscopan) 10 mg three times a day and had taken one week's supply before the onset of her symptoms. There was no past or family history of atopy. On examination, she had oedema of the eyelids and widespread urticarial eruptions on her trunk and limbs. She was afebrile and there was no lymphadenopathy. Laboratory investigations included full blood count and differential, antibody screen, liver function tests, cryoglobulins and C_1 esterase levels, all of which were normal. She was treated with 100 mg hydrocortisone intravenously, the lesions resolving within 18 hr, advised to discontinue her tablets and has had no long term sequelae on follow-up.

Discussion

Angioneurotic oedema and urticaria may occur

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separately or in combination and have been associated with underlying infection, autoimmune and lymphoproliferative disorders. Further aetiological factors include emotional stress (Chue, 1976), various food stuffs, inhalants and physical agents. The yellow dye, tartrazine (Makol and Pinnas, 1980) and the parabens (Henry, Tscher and Becker, 1979) present in many medications have also been implicated as causes of allergic reactions. The preparation used by the patient did not contain these additives.

The offending agent in this patient appeared to be hyoscine butylbromide; rechallenge was not feasible on ethical grounds. Possible mechanisms include an IgE dependent, mast-cell mediated response although the onset of her symptoms one week after therapy would suggest an underlying Arthus type reaction. The clinical picture however was in keeping with an immediate type hypersensitivity response. Alternatively, various drugs can precipitate angioneurotic oedema and/or urticaria by causing histamine release, but we can find no evidence that hyoscine butylbromide has this property.

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