Case Report

DERANGED LFT's BY METHOTREXATE

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ABSTRACT

Psoriasis is a chronic debilitating disease which affects the major organs of our body. Different forms of Psoriasis can be seen in which the most common form of presentation is a silvery patch on the skin. Here we describe a case of Psoriasis who had a single lesion on the radial side of the right index finger. The case described over here is a colleague in our department who himself is a medical doctor.

Keywords: Psoriasis, Debilitating disease.

INTRODUCTION

Psoriasis is a chronic autoimmune disease that appears on the skin. It occurs when the immune system sends out faulty signals that speed up the growth cycle of skin cells. Psoriasis is not contagious.[1] There are five types of psoriasis: plaque, guttate, inverse, pustular and erythrodermic. The most common form, plaque psoriasis, is commonly seen as red and white hues of scaly patches appearing on the top first layer of the epidermis (skin). Some patients, though, have no dermatological symptoms.

In plaque psoriasis, skin rapidly accumulates at these sites, which gives it a silvery-white appearance. Plaques frequently occur on the skin of the elbows and knees, but can affect any area, including the scalp, palms of hands and soles of feet, and genitals. In contrast to eczema, psoriasis is more likely to be found on the outer side of the joint.

The disorder is a chronic recurring condition that varies in severity from minor localized patches to complete body coverage. Fingernails and toenails are frequently affected (psoriatic nail dystrophy) and can be seen as an isolated symptom. Psoriasis can also cause inflammation of the joints, which is known as psoriatic arthritis. Ten to up to 40 percent of people with psoriasis have psoriatic arthritis.[2]

The cause of psoriasis is not fully understood, but it is believed to have a genetic component, and local psoriatic changes can be triggered by an injury to the skin known as the Koebner phenomenon,[3] see Koebnerisin. Various environmental factors have been suggested as aggravating to psoriasis, including stress, withdrawal of systemic corticosteroid, as well as other environmental factors, but few have shown statistical significance.[4] There are many treatments available, but because of its chronic recurrent nature, psoriasis is a challenge to treat.

DISCUSSION

Here we describe a case of Psoriasis who had a single lesion on the radial side of the right index finger. The case described over here is a colleague in our department who himself is a medical doctor. He suffered from this patch over a period of 3 months for which he started first of all emollients like boroline, coconut oil thinking it to be a lesion that has arisen from local trauma. But when the lesion did not start to regress rather it started progressing and increasing in size he started applying local steroids to that area (in the form of ointment), this suprresed the lesion for few days but the regression was not complete and therefore he thought of using oral Deflazocort at a low dose. This also gave him temporary relief but with much adverse effects like increased acidity and fatigue, so as to stop the oral steroid.

After waiting for few days when the lesion started showing silvery flakes he showed himself to a dermatologist who suggested him to start Methotrexate at a dose of 15 mg/week for a total of 4 weeks. He started taking the dose prescribed and at the end of 3 weeks he started feeling fatigue, weakness and lassitude, thinking it to be a case of viral illness he did not paid much attention to the symptoms, but when the symptoms did not improved but after few days he started complaining of whole body pain, bone pain and tremendous weakness he thought of doing a blood test after taking the fourth dose of methotrexate.

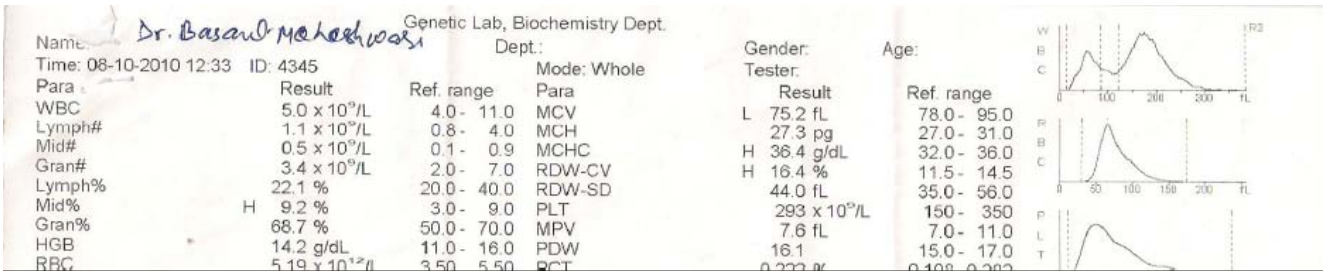
The tests done were:

1) CBC

2) LFT

3) Serum electrolytes

The report showed deranged LFTs (report attached) which was considerable at this moment of time.



Genetic Lab, Biochemistry Dept.

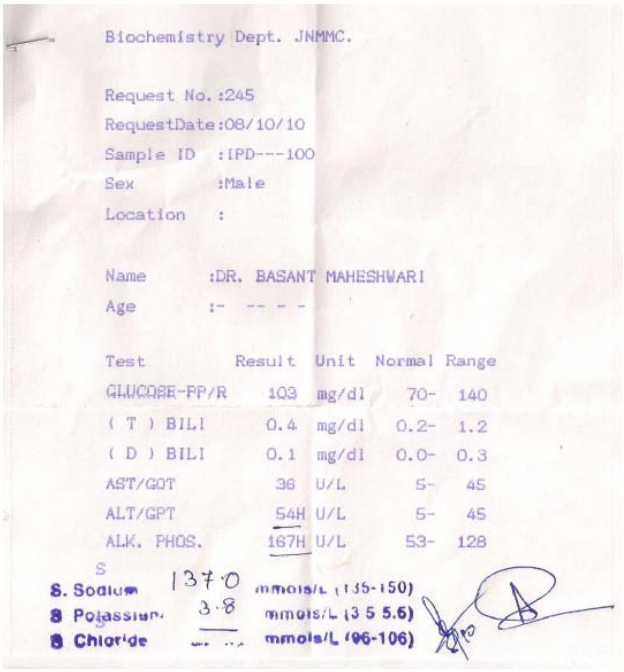
Name: Dr. Basant Maheshwari Dept.:

Time: 08-10-2010 12:33 ID: 4345 Mode: Whole

Gender: Age:

Tester:

Para	Result	Ref. range	Para	Result	Ref. range
WBC	5.0 x 10³/L	4.0 - 11.0	MCV	L 75.2 fL	78.0 - 95.0
Lymph#	1.1 x 10³/L	0.8 - 4.0	MCH	27.3 pg	27.0 - 31.0
Mid#	0.5 x 10³/L	0.1 - 0.9	MCHC	H 36.4 g/dL	32.0 - 36.0
Gran#	3.4 x 10³/L	2.0 - 7.0	RDW-CV	H 16.4 %	11.5 - 14.5
Lymph%	22.1 %	20.0 - 40.0	RDW-SD	44.0 fL	35.0 - 56.0
Mid%	H 9.2 %	3.0 - 9.0	PLT	293 x 10³/L	150 - 350
Gran%	68.7 %	50.0 - 70.0	MPV	7.6 fL	7.0 - 11.0
HGB	14.2 g/dL	11.0 - 16.0	PDW	16.1	15.0 - 17.0
RBC	5.19 x 10¹²/l	3.50 - 5.50	PCT	0.232 %	0.108 - 0.282



Biochemistry Dept. JNMMC.

Request No. :245
RequestDate:08/10/10
Sample ID :IPD---100
Sex :Male
Location :

Name :DR. BASANT MAHESHWARI
Age :- -- - -

Test	Result	Unit	Normal Range
GLUCOSE-PP/R	103	mg/dl	70- 140
(T) BIL1	0.4	mg/dl	0.2- 1.2
(D) BIL1	0.1	mg/dl	0.0- 0.3
AST/GOT	36	U/L	5- 45
ALT/GPT	54H	U/L	5- 45
ALK. PHOS.	167H	U/L	53- 128

S. Sodium 137.0 mmols/L (135-150)
S Potassium 3.8 mmols/L (3.5-5.6)
S Chloride mmols/L (96-106)

CONCLUSION

After searching the literature we came to know that Methotrexate can cause liver toxicity but after a prolonged period of administration which made us think to reveal this abnormal increase in LFTs to the general public through this journal.

REFERENCES

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2. http://www.ema.europa.eu/pdfs/human/ewp/245402en.pdf
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4. http://emedicine.medscape.com/article/1108072-overview#section~clinical

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