

中文題目：合併使用 colchicine 和 fluvastatin 藥物與橫紋肌溶解症發生有相關性

英文題目：Rhabdomyolysis associated with colchicine in fluvastatin-treated patients

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We report a case of a 71-year-old female patient with underlying diseases of type 2 diabetes mellitus, hypertension, dyslipidemia, and chronic kidney disease stage 4 (baseline serum creatinine 2.66 mg/dl; eGFR 18.8 ml/min) who had been taking fluvastatin 80 mg per day for over a year. She presented with progressive four limb muscle pain associated with weakness after the start of treatment with colchicine 1.5 mg/ day for one week for acute gouty arthritis. Profound weakness developed in her bilateral lower extremities, mainly involved bilateral thighs, with inability to stand up and/or walk. Neurological examination showed diffuse muscle tenderness and proximal muscle weakness. Relaxation of deep-tendon reflexes was grossly delayed. Progressively elevated muscle enzymes with peak level of creatine kinase up to 1289 U/L. Followed by intravenous hydration and cessation of fluvastatin and colchicine, her muscle pain and strength gradually improved within one week, accompanied by gradual resolution of elevated muscle enzymes. Both colchicine and statin therapy may be associated with myopathy. Patients receiving combination therapy with colchicine and fluvastatin, particularly in the presence of renal insufficiency, should be monitored for the development of myopathy, including rhabdomyolysis.