<https://doi.org/10.47660/CBR.2020.17263>

AGEUSIA AND ANOSMIA, A SIDE EFFECT OF LEFLUNOMIDE A CASE REPORT IN REFERENCE HOSPITAL IN SÃO PAULO

Sandra Patricia Echazú Román^{1,*}, Paula de Medeiros Nacácio e Silva¹, Barbara Luzia Berredo Reis Alexandre¹, Ana Paula Dauricio de Mattos¹, Adriana Cristiane Machado¹, Estevão da Costa Santana¹, Rina Dalva Neubarth Giorgi¹

1. Instituto de Assistência ao Servidor Público Estadual, São Paulo (SP), Brazil.

*Corresponding author: sandra_echazu@hotmail.com

BACKGROUND

Leflunomide is a novel disease-modifying antirheumatic drug (DMARD) that inhibits pyrimidine synthesis and is approved for treatment of active rheumatoid arthritis. Studies support that the efficacy of leflunomide is comparable to low dose of methotrexate and sulfasalazine. Additionally, leflunomide has been shown to slow radiographic progression in rheumatoid arthritis. The active metabolite of leflunomide A77 1726 inhibits dihydroorotate dehydrogenase leading to a decrease in the synthesis of uridine with decrease of pyrimidine. Active lymphocytes B cell and T cells have low pools of pyrimidine nucleotides, making them sensitive to this drug. The tumor suppressor p53 is activated arresting lymphocyte cell division in the G1 stage of the cell cycle. Dosage 10–20 mg daily. As we know the most usuals side effects of the medication are: nausea, vomiting, diarrhea, with significant weight loss, skin rash, allergic reaction (higher doses), neutropenia, thrombocytopenia, alopecia (reversible), hepatic enzyme elevation, hypertension, teratogenicity (category X), Pneumonitis less common than with methotrexate.

CASE REPORT

A female patient, 53 years old, diagnosed with rheumatoid arthritis in 2014, without other diseases, initiating with pain, swelling and morning stiffness, symmetric synovitis of the small joints in hands such as metacarpophalangeal, interphalangeal, wrist, and knees during 4 months, with no improvement after used of several nonsteroidal anti-inflammatory drugs (NSAIDs). Laboratory was requested with positive findings, such as rheumatoid factor, ACPAS, in high levels, and ESR, C-reactive protein. The patient received a DMARD in 2014: methotrexate, presenting the side effect of skin rash, with the necessity of the suspension of methotrexate and decided to initiate leflunomide 20 mg daily and low dose of prednisone, accomplishing success with the drug and remission of the symptoms. After the use of leflunomide for approximately 4 years, she started with mild symptom of dysgeusia. In the time, it was opted for the decrease of the drug, alternating days on the use, evaluation of the otolaryngologist and head-paranasal sinus cavities CT, without any pathology associated. The patient returned to the rheumatologic consult; when she referred this time ageusia (complete loss) and anosmia. The medication of the patient was suspended and initiated methotrexate in a lower dose to avoid previous side effect.

CONCLUSION

Leflunomide is a DMARD used worldwide for treatment of rheumatoid arthritis with great potential for remission of its symptoms, with well-known side effects. The case of the patient presented, with few previous similar symptoms in the literature of ageusia e anosmia, supports the association with the drug leflunomide as a probably unusual side effect.