

Piroxicam induced lithium toxicity

SIR, We read with interest the report by Pal *et al*¹ about non-steroidal anti-inflammatory drugs and adverse renal effects.

We would like to report our experience with a 64-year-old man who developed lithium toxicity which was induced by piroxicam. Lithium is widely used in psychiatry to prevent recurrence of mania and depressive disorders, it may also have an antidepressant effect. Our patient had a severe depressive illness which did not respond to various antidepressants and electric convulsive therapy; he had a stereotactic subcaudate trachotomy which gave him some temporary relief. He was started on lithium carbonate 1000 mg nightly, and his serum lithium level was within the therapeutic range.

He presented to his general practitioner with arthritis of the knees and was prescribed piroxicam 20 mg twice daily. Four months later he was admitted to our unit with ataxia, muscle twitching, poor coordination of limb movements, slurred speech, and confusion. Lithium toxicity was diagnosed and confirmed by his serum lithium level of 2.4 mmol/l (normal range 0.6–1.2 mmol/l). His urine output was reduced, his blood urea was 8.4 mmol/l, and creatinine 140 µmol/l, therefore possible drug induced nephrotoxicity was diagnosed.

Lithium was stopped immediately, but his serum lithium level remained high at 1.8 mmol/l, suggesting delayed excretion of lithium. When piroxicam was stopped the serum lithium level fell to zero within the next three days. A similar case was reported by Kerry *et al*.² Plasma lithium level has also been shown to be raised with indomethacin³ and diclofenac.⁴

Lithium is increasingly used in patients with affective disorder and with increasing age arthritic illness may become more common and many of these patients have depression. Non-steroidal anti-inflammatory drugs are useful in these cases, but the study of the patient reported here indicates that lithium toxicity may be a problem when combined with piroxicam. Therefore serum lithium levels should be monitored more frequently, and possibly lower doses of lithium should be prescribed.

Psychiatric Department,
Farnborough Hospital,
Kent BR6 8ND

J NADARAJAH
G S STEIN

References

- 1 Pal B, Hossain M A. Non-steroidal anti-inflammatory drugs and adverse renal effects. *Ann Rheum Dis* 1985; **44**: 212–3.
- 2 Kerry R J, Owen G, Michaelson S. Possible toxic interaction between lithium and piroxicam. *Lancet* 1983; **i**: 418–9.
- 3 Frolich J, Leftwich R, Raghav M, Oates J A, Rimann I, Buchanan D. Indomethacin increases plasma lithium. *Br Med J* 1979; **i**: 1115–6.
- 4 Reimann I W, Frolich J C. Effects of diclofenac on lithium kinetics. *Clin Pharmacol Ther* 1981; **30**: 348–52.

Systemic lupus erythematosus (SLE) and thymoma

SIR, I read with interest the report by Steven *et al*.¹ on two cases of SLE with invasive thymoma. I would agree with the authors that this association is not common. We have over 400 patients with SLE here at Cincinnati and have not noted this association. However, I did report a patient with a thymoma, LE cells, and antinuclear antibody positivity in 1964².

I would agree with the authors that the rarity of the association is the unusual feature. We certainly now know that demonstrated abnormality of the thymus is not necessary for the varied and complicated immune abnormalities seen in many diseases.

Division of Immunology,
Department of Medicine,
University of Cincinnati Medical Center,
ML #563,
231 Bethesda Avenue,
Cincinnati, Ohio 45267,
USA

EVELYN V HESS

References

- 1 Steven M M, Westedt M L, Eulderink F, Hazevoet H M, Dijkman J H, Cats A. Systemic lupus erythematosus and invasive thymoma: report of two cases. *Ann Rheum Dis* 1984; **43**: 825–8.
- 2 Hess E V, Eliasson S G, Grigson J P, Ziff M. LE cells, antinuclear and anti-muscle factors, and thymic abnormality in myasthenic patients. In: Good R A, Gabrielsen A E, eds. *The thymus in immunobiology*. New York: Harper & Row, 1964: 668–75.

Note

Royal Society of Medicine: Rheumatology and Rehabilitation Section

A number of sponsored bursaries covering the cost of membership of the Royal Society of Medicine have been given by A H Robins in order to allow Registrars and Senior Registrars in Rheumatology and Rehabilitation to become members of the RSM for up to three years. At

least one of these falls vacant in October 1985. Details and application forms may be obtained from Miss Judy Cook, Sections Office, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Applications to arrive by 29 September 1985.

Correction: Differential responses of human articular cartilage to retinol

In the paper by Dr Ronald W Jubb (*Ann Rheum Dis* 1984; **43**: 833–40) we regret that the four parts of Fig. 3 on page 837 were lettered incorrectly. Fig. 3A as printed should be 3C; 3B should be 3D; 3C should be 3A; and 3D should be 3B.