Quinine induced lupus-like syndrome and cardioliopin antibodies

A large number of drugs are known to cause a clinical syndrome resembling systemic lupus erythematosus.1 The antihistaminergic agent, quinidine has not previously been reported to cause such a syndrome.2,3

Additionally, the presence of cardiolipin antibodies has been described in patients receiving phenothiazine,4 procainamide,5 and ethosuximide treatment.6,7 Aminosalicylic acid has been reported to induce a lupus-like syndrome in patients with inflammatory bowel disease.8,9 Anti-DNA antibodies have been described in patients receiving dapsone.10

Quinidine is an antimalarial drug analogue to quinidine that can also produce several autoimmune abnormalities,2,3 but a lupus-like syndrome and production of cardiolipin antibodies induced by this drug have not been previously described. We report a case of well documented quinidine induced lupus-like syndrome in which cardiolipin antibodies were also found.

A 30 year old white woman was admitted to our hospital in May 1994 because of fever, chills, and diaphoresis of three days' duration. Six weeks before admission the patient had been on vacation in Cameroon, but she did not take any prophylaxis for malaria. Physical examination was unremarkable at time of admission except for fever up to 40°C. Laboratory examinations disclosed a packed cell volume of 0.37, haematocrit of 11%, white cell count of 3.8 × 109 (76% neutrophils, 20% lymphocytes, 4% monocytes), and platelet count of 150 × 109/l. Thicker smears showed Plasmodium falciparum parasitaemia of 1%. Direct examination of stool and stool cultures were negative for other parasites. Blood cultures were also negative. Antinuclear, antismooth muscle, and thrombophilic antibodies were not detected. The patient was diagnosed as having malaria and treated with quinine sulphate 600 mg three times daily.

Forty eight hours into treatment the patient was afebrile and a thick smear became negative for malaria. Six months of treatment the patient complained of dyspnoea and constant retrosternal chest