CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters. The mandate of this JOURNAL is to disseminate information relating to leprosy in particular and also other mycobacterial diseases. Dissident comment or interpretation on published research is of course valid, but personality attacks on individuals would seem unnecessary. Political comments, valid or not, also are unwelcome. They might result in interference with the distribution of the JOURNAL and thus interfere with its prime purpose.

Rifampin Interacts with Steroids

TO THE EDITOR:

Our purpose in writing this letter is to draw the attention of leprologists to recent reports of the capacity of rifampin (rifampicin) to reduce the pharmacological effects of corticosteroids (steroids) when given concurrently to patients. Edwards, et al. ⁽²⁾ were the first to describe a reduction in the pharmacological half life of cortisol in a patient with tuberculous Addison's disease being treated with rifampin and replacement cortisone. Buffington, et al. (1) reported impaired renal allograft function when short-term rifampin was given with methylprednisolone, and in one patient receiving 32-40 mg/day of the steroid for more than 1¹/₂ years with no toxicity, when long-term rifampin was stopped, signs of steroid toxicity dramatically appeared. These authors recommend that double dosage of steroid should be given when rifampin is given concurrently. More recently, Hendrickse, et al. (3) have reported the case of a boy suffering from nephrotic syndrome who failed to respond to corticosteroid due to drug interaction with rifampin, and warn about the risks of giving these two drugs together when treating conditions such as tuberculous meningitis. Diminished pharmacological effectiveness of corticosteroids can be explained by rifampin's capacity to stimulate the production of hepatic microsomal enzymes which increase their metabolic degradation. Therefore we wish to warn leprologists to expect a poor response to corticosteroid therapy for severe type 2 lepra reaction (ENL reaction) if rifampin is being given at the same time.

Rifampin also impairs the effectiveness of oral contraceptives (⁴), and this could lead to an undesired pregnancy in a lepromatous woman of child-bearing age; worse still, if the woman is given thalidomide to control a prolonged and severe lepra reaction on the strength that the contraceptive pill will prevent pregnancy, the consequences could be disastrous.

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