

LETTER TO THE EDITOR

Amiodarone and plebitis

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I read with interest the excellent article by Petr et al. (2003) regarding the clinical use of amiodarone. The authors performed an historical overview regarding the electrophysiological, pharmacokinetic and pharmacodynamic indications, effectiveness, interactions, and adverse effects of this therapy when used intravenously or orally to convert and prevent recurrences of supraventricular and ventricular arrhythmias. However, the authors did not mention phlebitis, the most common complication related to intravenously administered amiodarone (Aravanis 1982).

Controlled trials investigating the intravenous use of amiodarone reported rates of phlebitis as high as 16% (Vardas et al. 2000). In a recent meta-analysis with 18 randomized trials studying intravenous amiodarone to convert atrial fibrillation, a rate of phlebitis of 8% was reported among the 550 patients treated with this drug (Hilleman et al. 2002). In this systematic review, phlebitis was the most common adverse effect of the drug, followed by bradycardia, which occurred in 4% of the patients, and hypotension in 2%.

Phlebitis commonly occurs when high doses of amiodarone are infused for a long period of time in

peripheral veins. To avoid this complication, the drug should be infused in a peripheral vein for a maximum of 24 hours. Afterwards, the drug must be used orally or central vein access should be obtained (Faniel et al. 1983). Following these precautions, the risk for this minor but frequent complication may be reduced.

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