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Non-traumatic Rhabdomyolysis As A Rare Complication From Lutetium-177PSMA-617 In A 81 Year-old Male With Prostate Adenocarcinoma Stage IV

Ziggy Ryan Amores

Department of Internal Medicine, St. Luke's Medical Center Global City, Philippines

Objectives : To present a case of a 71-year-old male with Stage IV Prostate Adenocarcinoma who developed non-traumatic rhabdomyolysis as a rare complication from Lutetium-177-PSMA-617.

Methods : Investigated a patient's admission due to elevated creatinine kinase of 60855 U/L, elevated total CPK of 61696 U/L after administration of Lutetium-177-PSMA-617.

Results : This is a case of a 71-year-old male with Stage IV Prostate Adenocarcinoma, chronic kidney disease G5, hypertensive atherosclerotic cardiovascular disease, moderate coronary artery disease, permanent atrial fibrillation; lutetium-177 PSMA-617 was used as therapy for his prostate cancer. One day after administration of the drug, patient developed generalized weakness described as muscle ache on upper and lower extremities. This progressed to the patient being unable to ambulate on his own, with anorexia and difficulty swallowing leading to admission. Laboratory results showed elevated creatinine, blood urea nitrogen, and potassium. Furthermore, elevated creatinine kinase of 60855 U/L, elevated total CPK of 61696 U/L. Due to the history of the patient having a deconditioned state, generalized weakness, and muscle aches in both lower extremities one day after lutetium-177 PSMA-617 and the non-initiation of statins for 3 days even before admission, rhabdomyolysis was most probably induced by the radioligand therapy. Patient eventually pushed his renal failure into requiring regular hemodialysis. Repeat CKMM and total CPK revealed decreasing values. The patient was however discharged stable after 1 week of admission and currently is undergoing his maintenance dialysis.

Conclusions : This case report highlights the importance of strict pharmacovigilance, and recommends further studies that would furthermore investigate the short term and long term effects of radioligand therapy in patients with prostate cancer.