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CHLOROMYCETIN

The Hematology Committee of the British Association of Clinical Pathologists reviewed 40 cases of Chloromycetin (chloramphenicol)-induced blood dyscrasias, 35 of which were hitherto unreported. Thirty-one patients died. Onset of toxic symptoms varied widely (immediately after the drug was given to one year after cessation of therapy). Dosage analysis revealed that while a high dose and repeated courses seem more likely to cause trouble, single courses of less than 10 Gm. Chloromycetin can cause fatal aplasia. Use of Chloromycetin is justified only in treatment of life-endangering infections when no other effective antibiotic is available * * * example, typhoid fever. There is every indication, however, that Chloromycetin has been used indiscriminately in a wide variety of mild infections and that extravagant doses have been given.—Sharp (Secretary), British M.J. 1: 735, 1963.

[From the British Medical Journal, No. 5332, pp. 735–737, Mar. 16, 1963]

CHLORAMPHENICOL-INDUCED BLOOD DYSCRASIAS: ANALYSIS OF 40 CASES

(By A. A. Sharp, M.D.)

Presented on behalf of the Haematology Committee* of the Association of Clinical Pathologists

Ten years have elapsed since the first reports were published to inform the medical profession that chloramphenicol could act as a bone-marrow poison and that the resulting aplasia could be irreversible and lead to the death of the patient (*British Medical Journal*, 1952).

Since then reports of the toxic effects of chloramphenicol have continued to appear, but the drug has remained in use as a popular and useful antibiotic. The *British Medical Journal* (1961) was again provoked to give warning of the dangers of this drug, but deaths attributable to chloramphenicol have continued to be reported. The latest report of the Study Group of Blood Dyscrasias of the American Medical Association (January, 1962) recorded 73 cases of pancytopenia, 4 with thrombocytopenia, 4 with leucopenia, and 17 with anaemia which were caused by this drug.

The Haematology Committee of the Association of Clinical Pathologists decided to ask members of its association how many cases of chloramphenicol-induced blood dyscrasias they had encountered and to report such cases to the secretary of this Committee. To date, reports of 35 hitherto unpublished and five published cases of suspected chloramphenicol blood dyscrasias have been received. This is admittedly a random sample of such cases, and while there are obviously still an unspecified number of unpublished cases it was thought worth while to report an analysis of the clinical and laboratory data supplied with these case reports.

ANALYSIS OF CLINICAL DATA

Time.—These 40 cases occurred in the period 1953–62.

Severity.—Thirty-one of the 40 patients have died. In 27 death was attributed directly to chloramphenicol therapy.

Age and sex.—There is no obvious specific age or sex incidence.

Interval between therapy and diagnosis of marrow damage.—The commonest interval was 1–3 months after the cessation of therapy; in two cases the blood dyscrasias developed immediately after the drug had been given, in two cases at approximately 9 months, and in one case 1 year after cessation of therapy.

Dose.—In 18 patients the total dose of chloramphenicol was 10 g. or more, and in four it exceeded 50 g., one receiving 250 g. In eight patients, however, the total dose was less than 10 g., and in one infant the amount given did not exceed 2 g. Six received intermittent or continuous courses or unspecified amounts over one year, and 12 had more than one course of the drug. In 14 cases details of therapy were insufficient to assess the total dosage of the drug the patient had received.

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*Dr. E. K. Blackburn (chairman), Dr. M. G. Nelson, Dr. F. G. J. Hayhoe, Dr. J. Humble, Dr. D. Robertson-Smith, Dr. G. H. Tovey, and Dr. A. A. Sharp (secretary).