



## ★ FIT Clinical Decision Making

### A CASE OF LOPERAMIDE INDUCED CARDIAC SYNCOPES

Poster Contributions  
Poster Hall, Hall A/B  
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**Background:** Loperamide is a nonprescription medication commonly used to treat diarrhea. If consumed in large amounts, it can cause QRS widening accompanied by QT interval prolongation and torsades de pointe arrhythmia.

**Case:** 25 year old female presents with syncopal episode. Home medicines included quetiapine, escitalopram and loperamide. She was taking up to fifteen tablets of loperamide per day. Vital signs were within normal limit. Cardiac exam was significant for S3 gallop. No murmurs were present. Patient received amiodarone, magnesium and sodium bicarbonate. None of these interventions reversed her EKG findings.

**Decision-making:** Laboratory tests revealed normal metabolic panel, non-detectable troponin and negative urine drug screen. Loperamide level was sent out. EKG showed non-specific ventricular rhythm with markedly increased QRS and QT interval. This pattern was not consistent with preexcitation as no P-waves were seen. Echocardiogram showed a dyssynchronous motion with ejection fraction of 20-25%. These findings were consistent with loperamide induced cardiotoxicity. Loperamide abuse may go undetected on drug screening.

**Conclusion:** Loperamide abuse for euphoric effect is growing. Toxicity can occur in patients who are taking high doses to treat diarrhea, especially if they are already on QT prolonging medications. Physician awareness regarding loperamide abuse is important since early discontinuation is crucial to prevent cardiac arrhythmias and death.

