Loperamide-Induced Torsades de Pointes: A Case Series (Poster).

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### CASE REPORT 1

A 39-year-old woman with Hepatitis C, depression and IVDA was transported to the ED after reported seizure-like activity. The patient experienced TdP in the ED and admitted to ingesting large amount of loperamide daily. An ECG demonstrated sinus rhythm 64 bpm, right axis deviation, PR interval 208ms, QRS interval 142ms and QTc 687 ms. She was administered IV magnesium, sodium bicarbonate, and later, isoproterenol. After ICU admission, the patient experienced no further TdP and was discharged on HD 6. Loperamide and desmethyl loperamide concentrations on HD 4 were undetectable and 27ng/mL, respectively.

### CASE REPORT 2

A 39-year-old woman with Hepatitis C, depression and IVDA was transported to the ED after reported seizure-like activity. The patient experienced TdP in the ED and admitted to ingesting large amount of loperamide daily. An ECG demonstrated sinus rhythm 64 bpm, right axis deviation, PR interval 208ms, QRS interval 142ms and QTc 687 ms. She was administered IV magnesium, sodium bicarbonate, and later, isoproterenol. After ICU admission, the patient experienced no further TdP and was discharged on HD 6. Loperamide and desmethyl loperamide concentrations on HD 4 were undetectable and 27ng/mL, respectively.

### CASE DISCUSSION

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**HYPOTHESIS:**

The timing and duration of Torsades de Pointes (TdP) from loperamide toxicity is unpredictable and should be heeded with caution, even in asymptomatic patients and drug discontinuance.

**METHODS:**

Two patients presenting with life-threatening TdP requiring lengthy hospital admissions for confirmed loperamide toxicity are discussed. Patient data were retrieved from the hospital's EMR system.