

ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## COMPLETE ATRIOVENTRICULAR BLOCK FOLLOWING LONG TERM TREATMENT WITH ANTIMALARIAL AGENTS

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Introduction: Synthetic antimalarials, chloroquine and hydroxychloroquine are widely used in the treatment of connective tissue diseases. If their digestive, neurological or visual toxicity is well known, their cardiac toxicity remains exceptional.

Observation: Mrs. R. S., 62 years old, followed since 2012 for cutaneous and hematologic lupus associated with Sjögren syndrom, put on synthetic antimalarial drugs; chloroquine for 04 years and hydroxychloroquine for 10 months who presented a complete atrioventricular block that

required implantation of a cardiac pacemaker in emergency. The patient had as a cardiac history a block of right branches without cardiomyopathy. The initial assessment has eliminated the main causes of BAV (metabolic disorder, infection, ischemia ...), and antimalarial toxicity was diagnosed.

Discussion: Since 1965, more than 60 cases of cardiotoxicity, sometimes severe, have been reported after long-term treatment with synthetic antimalarials, chloroquine most often, but also hydroxychloroquine. Although it is rare, this toxicity can be potentially serious. It must be detected early and therefore requires regular cardiological monitoring (especially electrocardiographic) in patients treated in the long term by synthetic antimalarials most of the complete AVB is preceded by disorders of low-grade intraventricular or atrioventricular conduction troubles.

Conclusion: This case report illustrates the cardiotoxicity of synthetic antimalarial agents. A regular cardiovascular monitoring (especially with electrocardiogram) could be useful in patients receiving long-term treatment with antimalarial agents.





