

A 38-year-old woman, who had received a kidney transplant 4 years previously, was admitted to the intensive care unit for severe pneumocystis pneumonia. The first-line therapy was intravenous co-trimoxazole (trimethoprim/sulfamethoxazole). However, after 10 days, she developed confluent exanthema of the trunk and cotrimoxazole was suspected as the cause. A cutaneous biopsy confirmed the clinical suspicion. Co-trimoxazole was stopped and the eruption progressively disappeared. Intravenous pentamidine (Pentacarinat) was proposed as an alternative because it is the second-line therapy approved by the Belgian version of the "Sanford Guide to antimicrobial therapy 2005–2006" for severe pneumocystosis.<sup>1</sup> However, the proposal was rejected in accordance with a note in the Belgian Pentacarinat prescribing information (Sanofi -Aventis) that Pentacarinat is contraindicated if sulphonamide hypersensitivity is suspected. This note also appears in the 23rd edition of a Compendium whose publication is supervised by the government.<sup>2</sup> The combination of clindamycin and primaquine, the third alternative treatment recommended by the Sanford Guide, was started. But after 48 h, the patient developed primaquine-induced methaemoglobinemia and the treatment was stopped. At this point, no alternative treatment could be given for this severe pneumocystosis. Since no other international drugs database mentioned pentamidine's contraindication if sulphonamide hypersensitivity was suspected, we contacted Sanofi -Aventis Belgium for an additional explanation. We were told that the notice had been written on governmental instruction. We therefore questioned the Belgian Ministry of Social Affairs, Health and Environment, but no medical evidence for the instruction could be provided. We therefore commenced intravenous pentamidine treatment, and the patient was discharged from the intensive-care unit after 21 days. As a result of our investigation, the drug information notice will be modified as soon as possible by the Belgian Ministry of Social Affairs, Health and Environment and by Sanofi -Aventis Belgium. This case report emphasises the fact that even

an official book can contain some mistakes: keeping a critical mind remains essential.

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1 Sanford J, Gilbert D, Moellering R, et al. The Sanford guide to antimicrobial therapy 2005–2006: 19th Belgian/Luxembourg edn. Vermont: Antimicrobial Therapy Inc, 2005: 161–62.

2 Neels L, ed. Compendium, 23rd edn. Brussels: Pharma.be, 2005: 1897–98.