

ALTERNATIVE VIEWPOINTS

Safe Administration of Iron Sucrose in a Patient with a Previous Hypersensitivity Reaction to Ferric Gluconate- Comment

Michael H. Schwenk, Pharm.D.

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Dr. Sane and her colleagues describe the safe administration of iron sucrose to a patient with a history of previous hypersensitivity reactions to sodium ferric gluconate.¹ In their discussion they state that a search of the medical literature for similar cases proved unfruitful.

However, a study involving 130 hemodialysis patients with a history of intolerance to sodium ferric gluconate and/or iron dextran and successful therapy with iron sucrose has been reported.² A subset of this cohort consisted of 21 patients, 6 with a history of intolerance to sodium ferric gluconate and 15 with a history of intolerance to both sodium ferric gluconate and iron dextran. The most common reactions to sodium ferric gluconate were skin irritation/allergic dermatitis and nausea, vomiting or diarrhea. Other manifestations of intolerance included oral paresthesia, flushing, and face or tongue edema.

There were no serious adverse reactions to iron sucrose therapy. All patients were able to receive iron sucrose to correct or maintain body iron stores during the treatment of their anemia. In the 130 patients there were 14 nonserious adverse events in 8 patients (a single patient reported 7 adverse events). One patient developed skin irritation.

References

1. Sane R, Baribeault D, Rosenberg CL. Safe administration of iron sucrose to a patient with a history of previous hypersensitivity reactions to sodium ferric gluconate. *Pharmacother* 2007;27(4):613–615.
2. Charytan C, Schwenk MH, Al-Saloum MM, et al. Safety of iron sucrose in hemodialysis patients intolerant to other parenteral iron products. *Nephron Clin Pract* 2004;96:63–66.

Authors' Reply

The comments provided by Dr. Schwenk in response to the case report describing safe administration of iron sucrose to a patient with previous hypersensitivity to ferric gluconate are appreciated. When comparing the key words used in our search of the medical literature with the key words that Dr Schwenk and colleagues applied to their report, there was homology, but not an exact match. We acknowledge that we overlooked the reference that he has provided. We would also like to point out that our case report has described this use of iron sucrose in a cancer patient, while the data he refers to applied only to hemodialysis patients.

Radhika Sane, Pharm.D.

David Baribeault, B.S.

Carol L. Rosenberg, M.D.

From the Pharmacy Department at North General Hospital, New York, NY.

Please address correspondence to: Michael H. Schwenk, Pharm.D., North General Hospital - Pharmacy, 1879 Madison Avenue, New York, NY 10035; e-mail: schwenko@gmail.com.