

The Very Dangerous Risk of Using Pills for Weight Loss and Contraceptive Pills in Same Time

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Objectives

The main objective of this clinical case report was to specify that the administration of pills for weight loss and contraceptive pills in same time could develop unexpected, very dangerous side effects like sudden death in a few minutes if we are not careful and we do not continuously informed our patients.

Material and Methods

I present the clinical case of a women patient 39 year's old, obese, smoker, who presented at home sudden constrictive chest pain, severe dyspnea (difficulty in breathing) and came with the Ambulance in the Emergency Department with cardio respiratory stop. After performed the standard protocol for resuscitation with adrenaline i.v. and electric shock repeated three times she revue in sinus rhythm and continue i.v. perfusion with xilina to maintain the sinus rhythm. The objective examination revealed very severe cyanosis of the lips (Figure 1), tongue (Figure 2) years, nails of the hands (Figures 3a and 3b) and legs.

The laboratory test showed: normal range Troponin T=0.1 µg/L, CPK MB= 2 ng/ml, TGO=28UI/l, TGP=31UI/l and increase level of D Dimmer=350 ng/mL



Figure 1: Cyanosis of the lips.

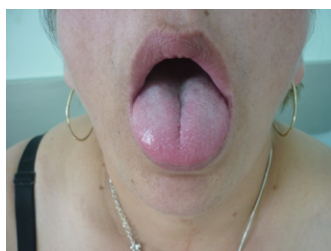


Figure 2: Cyanosis of the tongue and lips.

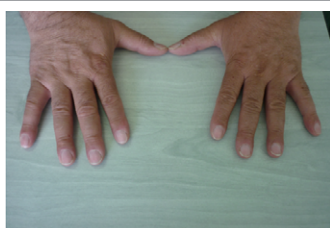


Figure 3a: Cyanosis of the nails.



Figure 3b: Cyanosis of the nails.

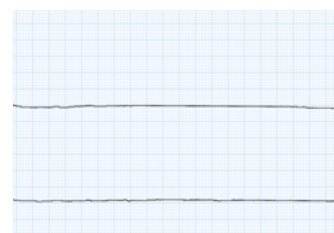


Figure 4: EKG-iso electric line.



Figure 5: EKG-sinus rhythm.

The EKG in the first instance was iso electric line (Figure 4) because she was in cardio respirator stop but after resuscitation the EKG looked in normal sinus rhythm (Figure 5) without any changes.

The normal level of the cardiac enzymes and normal EKG after resuscitation excluded a possible acute myocardial infarction but the increase level of D dimmer suspect the possibility of pulmonary embolism. The echocardiography of the heart in Emergency was

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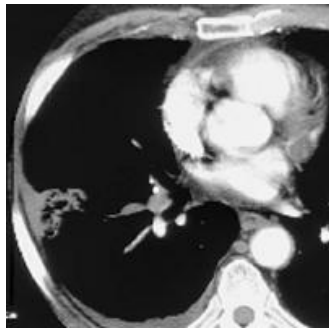


Figure 6: The thoracic computed tomography angiogram-acute pulmonary embolism.

normal and excluded also a possible acute dissection of the aorta. Also she performed an eco-Doppler of the vein but was normal and excluded the diagnosis of deep vein thrombosis.

In this moment the principal suspicion of diagnosis was pulmonary embolism but without possibility to know the source for embolism. A thoracic CT angiogram (Figure 6) was performed and confirmed this diagnosis.

This image shows an intraluminal filling defect that occludes the anterior basal segmental artery of the right lower lobe. Also present is an infarction of the corresponding lung, which is indicated by a triangular, pleura-based consolidation (Hampton hump).

Diagnosis

Stop cardio respirator. Pulmonary embolism

Therapy

After this confirmation the patient started immediately administration of Heparin i.v. continue with injectomat 1000UI/h with monitories of the PTT.

Evolution

After approximate 30 minutes again develop cardio respirator stop with iso electric line on monitor and was performed the standard protocol for resuscitation with adrenaline i.v. and electric soc repeated but this time after 40min of resuscitation the patient didn't revue in sinus rhythm and the protocol was declared inefficient and the patient died. Autopsy relieved massive pulmonary embolism in the right principal pulmonary artery.

Final Diagnosis

Stop cardio respirator, sudden death, pulmonary embolism in the right principal pulmonary artery.

Results and Discussions

The most important problem of this clinical case presentation was what produces the pulmonary embolism? The patient didn't present deep vein thrombosis. An eco-Doppler venous was performed in the Emergency Department and was normal. Of course exist pulmonary embolism in situ but a cause must to be discovered.

After this unhappy event a discussion with the husband of the patient relived unexpected that she used for many four years every days pills for weight loss and contraceptive pills without pause in context if this patient was obese and also smoker 10 cigarettes /days last 8 year.

The combination of contraceptive pills and pills for weight loss in this clinical context with cardiovascular risks factor obesity and smoker develop very severe and massive pulmonary embolism with sudden death in context of correct protocol of treatment.

The risk of contraceptive pills to develop pulmonary embolism it is very well known. The combination between pills for weight loss and contraceptive pills it is insufficiently studied. In context of this patient with other cardiovascular risks factors present such as obesity and smoking it is very possible to contribute at the acute pulmonary embolism.

Most weight loss medications are only recommended for short period of time to use (up to 12 weeks). This patient used a very long period of time four years this medications without pause and also in combinations with dangerous contraceptive pills also without pause (continues). Dependence, abuse or withdrawal may occur with long-term use. Pills for weight loss develop usually side effects may include: increased blood pressure and heart rate, insomnia, nervousness, blurred vision, restlessness, or headache.

Chest pain, difficult in breath wasn't reported yet but in context of other cardiovascular risks factors such as smoking and of course obesity, sedentary and also in combination with contraceptive pills could appear. These pills may have side effects, especially when not used correctly. The side effects produced by this weight loss pills can be avoided. Serious side effects caused primary pulmonary hypertension in some users, which can lead to respiratory failure and death. Birth control pills increase the risk of blood clots (thromboembolism). Of course are other options for birth control that are far less dangerous.

Consider that these combinations between these two types of pills, incorrect used, long period of time without pause, by women with lack information's, together with other cardiovascular risks factors become dangerous. We must to give importance in our medical practice at this new phenomenon.

Conclusion

I think that this clinical case didn't must to be cover in our medical practice and it is important to be presented because the women must to know the potential very dangerous risk of this combinations of pills and to avoid another similar unhappy events in the future.