RED MAN SYNDROME DURING ADMINISTRATION OF PROPHYLACTIC ANTIBIOTIC AGAINST INFECTIVE ENDOCARDITIS

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PRECIS
Because Vancomycin is appropriate for some dental situations the general practitioner should be well acquainted with its use and possible side effects.

ABSTRACT
Red man syndrome (RMS) is the occurrence flushing, pruritus, chest pain, muscle spasm or hypotension during vancomycin infusion. It usually happens as a result of rapid infusion of the drug but may also occur after slow administration. The frequency and severity of this phenomenon diminish with repeated administration of vancomycin. A case is presented whereby RMS occurred while prophylactic antibiotic against infective endocarditis was administered.

Key words: red man syndrome, vancomycin, prophylactic antibiotic, infective endocarditis.

INTRODUCTION
Vancomycin is a drug not commonly used in dentistry. It is a complex and unusual glycopeptide antibiotic that is recommended for prophylactic therapy against infective endocarditis in penicillin-allergic patients with prosthetic mitral valves. It is given as an intravenous infusion. There has been confusion regarding the classification of vancomycin as it has been referred to as an aminoglycoside in some literature. It is in fact structurally unrelated to other groups of commercially available antibiotic. It is, however similar to the aminoglycosides in administration, absorption, distribution, elimination, and toxicity and is therefore kinetically related but chemically different.

A purified preparation of vancomycin has been available for some years now and this is better tolerated. Despite the availability of the new, less toxic vancomycin formulation, side effects still occur; the most common being an infusion related histamine-like reaction characterised by flushing of the upper body, pruritus and occasionally hypotension. Chest pain and muscle spasm may also occur, with or without the other manifestations of this syndrome, dubbed the "red man syndrome" (RMS).

A case is presented in which RMS occurred while prophylactic antibiotic against infective endocarditis was infused intravenously.

CASE REPORT
A 57-year-old Caucasian man was referred to the Maxillofacial Surgery Unit of the Queen Victoria Hospital for the management of a recurrent lump on the gingiva labial to his maxillary left lateral incisor and canine. Both teeth had been root-crowned. The patient had the lump for a year. It had been removed at another hospital but returned after the surgery. The patient was suffering from mitral valve disease. He had his aortic valve replaced four years previously with a prosthetic valve. He was also on warfarin therapy.