

LETTER

Drug Induced Pancreatitis Might Be a Class Effect of Statin Drugs

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Dear Sir:

We read the case of combined salicylate and simvastatin induced pancreatitis by Antonopoulos *et al.* with great interest [1]. While the authors correctly identified the possible role of simvastatin in causing pancreatitis the patient was re-started on another statin rosuvastatin. The authors failed to take into account the fact that pancreatitis might be a class effect of statins. Similar to other statins, rosuvastatin has also been associated with pancreatitis.

Several months ago, in this journal, we reported a possible case of rosuvastatin-induced pancreatitis in a patient with a previous episode of atorvastatin-induced pancreatitis [2]. Pancreatitis has occurred in less than 1% of patients on rosuvastatin in clinical trials [3].

The patient who has had pancreatitis with one statin is at a higher risk of recurrence with other statins and it would be prudent to avoid this class of drugs in the patient. Clinicians need to be aware that drug induced pancreatitis might be a class effect of statin drugs and the newest statin, rosuvastatin is as likely to be associated with pancreatitis as the other statins [2].

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Keywords Anticholesteremic Agents; Pancreatitis; Poisoning; Salicylates

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REPLY

Dear Editors:

We read with great interest the letter from Dr. Singh [1] and we appreciate his comments. First of all, we would like to stress that our patient belonged to the category of very high risk patients for cardiovascular disease,

according to Grundy *et al.* [2], because he was suffering from coronary heart disease and had two additional major risk factors, such as diabetes mellitus and arterial hypertension [3]. According to the Framingham risk score classification, his 10-year risk for hard coronary heart disease was much higher than 20% [4]. The National Cholesterol Education Program Adult Treatment Panel (NCEP-ATP III) strongly recommends that such patients be treated with statins so that the LDL cholesterol level drops below 100 mg/dL [4]. Moreover, newer data indicate that when the risk is very high, an LDL cholesterol goal of less than 70 mg/dL must be a therapeutic option [2]. On the other hand, we agree that our patient was at greater risk for a recurrence of pancreatitis. However, to date, it has not been well-established that pancreatitis is a class effect of statins. Furthermore, the risk of pancreatitis due to rosuvastatin is less than 1% [5]. In contrast, the risk of cardiovascular disease, as mentioned above, would be much higher if our patient remained without a lipid lowering drug.

Taking all of this into consideration, we decided that our patient should continue receiving a statin, because reducing the risk of cardiovascular disease counterbalanced the risk of pancreatitis recurrence.

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Abbreviations NCEP-ATP: National Cholesterol Education Program Adult Treatment Panel

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