

# **DIGOXIN TOXICITY, COMMON COLD AND HYPOTENSION**

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## **ABSTRACT**

Digoxin is an important cardiac drug that is widely used in clinical practice. The important concern is on the digoxin toxicity. The toxicity might sometimes come in atypical presentation. In this article, the authors present a case of digoxin toxicity in case with influenza and observed in the general practice clinic.

**KEY WORDS:** Digoxin, Toxicity, Common Cold, Hypotension.

## **INTRODUCTION**

Digoxin is an important cardiac drug that is widely used in clinical practice. The important concern is on the digoxin toxicity [1]. The toxicity might sometimes come in atypical presentation. In this article, the authors present a case of digoxin toxicity in case with influenza and observed in the general practice clinic.

## **CASE REPORT**

The case is a 56 years old patients presenting to the physician with a problem of common cold and complained for chest pain. The patient has underlying diseases as hypertension, diabetes mellitus and hyperlipidemia. At this visit, the patient has blood pressure equal 110/60 mmHg and pulse rate equal to 62/min. This case has medication as digoxin, spinorlactone, glipizine and simvastatin. The patient was given symptomatic drug for relieving of common cold and suggest for stop of other drugs. The physician in charge appointed the patient to have a recheck for blood pressure again after resolve from common cold. However, the patient did not agree and try forcing to get the drug again and the patient agreed to accept

and risk although the physician in charge tried bets to give consultation. Three days later, the patient got collapse and diagnosed as digoxin toxicity.

## **DISCUSSION**

The present case is a good case study of digoxin toxicity. It is mimicking problem by common cold. The low blood pressure and pulse rate is not compatible with common cold that should have high pulse rate due to fever and increased blood pressure due to cough. In the present case, the patient was primarily follow-up at the primary care center that the blood digoxin level cannot be investigated but the physician in charge was clever to aware of the clinical problem. The observed hypotension might be a result of bundle branch block [2]. However, although the physician in charge concerned about the possible problem of adverse effect of drugs that the patient use but the patient tried to insist to continue drug and take risk until the problem finally occurred.

**CONFLICT OF INTEREST:** None

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