A demonstration of peristomal ulceration in the setting of nicorandil therapy

Paul McCormack, Roderick Skelly

Department of General Surgery, Causeway Hospital, Coleraine, UK

Correspondence to

Dr Paul McCormack,
paulmcc@doctors.net.uk

Accepted 23 October 2014

DESCRIPTION

Nicorandil is a nicotinamide ester commonly prescribed for management of angina. Since the late 1990s it has been linked with drug-induced ulceration. The current British National Formulary suggests that between 1 in 10 000 and 1 in 1000 cases may be affected.

Initially lesions were reported in the buccal cavity, subsequently throughout the gastrointestinal (GI) tract and at the anus, with a recent association to parastomal breakdown.¹ Cases involving fistulation to adjacent organs have also been described.² Metabolites of nicorandil, nicotinic acid and nicotinamide have been suggested as factors in ulcer formation, particularly with higher doses.³

A 62-year-old woman on nicorandil 30 mg twice daily for angina with a history of peripheral vascular disease, systemic lupus erythematosus, chronic obstructive pulmonary disease and hypothyroidism presented with a rectovaginal fistula. She was on no other medications associated with GI complications.

Flexible sigmoidoscopy demonstrated a rectovaginal fistula. Biopsies demonstrated only granulation tissue and ulcer slough. A loop colostomy was fashioned to treat the fistula. Two months post-operatively, the patient represented with significant peristomal ulceration.

Nicorandil was considered as a potential causative agent and treatment was discontinued. No further biopsies were taken at this stage. Within a 2-month period the peristomal ulceration had healed.

The images demonstrate the significance of the peristomal disease developed while on nicorandil (figure 1) and the subsequent improvement on cessation (figure 2).

Figure 2 Resolution of ulceration in the same patient, postcessation of nicorandil.

It would appear likely in this case that nicorandil has contributed to the patient's presentation and subsequent events. This medication needs to be considered when patients are being considered for surgical intervention.

Learning points

- ▶ Nicorandil is a commonly used antianginal with recognised links to gastrointestinal and peristomal complications, a feature prescribers must consider.
- ▶ Higher drug doses are implicated, therefore titration should be carefully considered with appropriate patient counselling.
- ▶ Clinicians who investigate patients with potential gastrointestinal disease need to be aware of the now well-recognised risk profile of this drug.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Abdelrazeq AS, Owen C, Smith L, *et al*. Nicorandil-associated para-stomal ulceration: case series. *Eur J Gastroenterol Hepatol* 2006;18:1293–5.
- 2 Trechot P, Petitpain N, Guy C, *et al*. Nicorandil: from ulcer to fistula into adjacent organs. *Int Wound J* 2013;10:210–13.
- 3 Trechot P, Jouzeau JY, Brouillard C, *et al*. Role of nicotinic acid and nicotinamide in nicorandil-induced ulcerations: from hypothesis to demonstration. *Int Wound J* 2013. doi: 10.1111/iwj.12147.

CrossMark

To cite: McCormack P, Skelly R. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2014-206599

Figure 1 Photograph demonstrating peristomal ulceration which developed while on nicorandil therapy.

Copyright 2014 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow