Drug Interaction between Acenocoumarol and Linezolid

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Sir,

We read with interest the submission by Sarkar et al in one of the current issue of the journal¹ on the subject of our title. Any significant drug interaction particularly with a relatively new drug is worth reporting and a number of such cases strengthen the suspicion. As majority of the patients hardly takes a single drug hence a large number of similar adverse reaction with the drug combinations where the suspected drug is also prescribed helps one to dissect out cause and effect relationship.

Vitamin K antagonists are now increasingly prescribed in our country and it is one of the few drugs notorious for its innumerable drug interactions.² Such interaction works in both ways either creating a dangerous bleeding tendency by an interaction which reduces vitamin K level or equally dangerous thrombotic event in a patient who receives a drug like Rifampicin along with Vitamin K antagonists by increasing catabolism of acenocoumarol.

We also evaluated a patient, 52 years male with prosthetic aortic valve on acenocoumarol and beta blocker. His anticoagulation was well maintained on ¾ mg acenocoumarol on alternate days with an INR ranging between 3-3.4. He developed cellulitis in the left leg and had to be put on Linezolid and INR was repeated on 3 rd day of therapy during the period INR shot upto 5.6. When acenocoumarol was stopped for a day and resumed at a lower dose of 2 mg/daily. After the drug was stopped after 10 days when INR was 2.5, his usual dose of acenocoumarol was resumed.

Vitamin K antagonists as oral anticoagulant is prone to various kind drug interactions and even unusual food drug interaction.³ It was implicated in a long interaction with influenza vaccine⁴ even simple paracetamol is also a suspect in such an interaction.⁵ Moreover Indian patients mostly metabolise warfarin poorly because of genetic reasons⁶ hence while prescribing any drug in a patient who is receiving oral vitamin K antagonists we should be sure that the particular drug has no important interaction and if it has significant interaction and unavoidable then tight follow up with very frequent INR determination is warranted. Many such patients often take supplementary alternative forms of medicine and needs to be enquired into as they may not be forthcoming with that history.

References