Daptomycin Associated Rhabdomyolysis with Concurrent Use of Atorvastatin

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Introduction: Daptomycin is the only lipopeptide drug approved for clinical use. Daptomycin also associated with increase level of creatinine kinase.

Case Report: 74-years-old Caucasian female with body mass index of 41.16 kg/m2 and past medical history of hyperlipidemia on atorvastatin instructed by the infectious disease clinic to go to the emergency room due elevated kidney function and liver enzymes. One month prior to her presentation, patient was admitted to the hospital after she was found to have right multi-lobule psoas abscess and iliacus muscle abscess. At that time, she was started on intravenous (IV) Vancomycin 1000 mg daily. In the 17th day follow up with infectious disease clinic, she was found to have acute kidney injury secondary to IV vancomycin with increase of creatinine at 1.89 mg/dL. IV vancomycin discontinued then she was started on daptomycin infusion of 3690 mg daily. Fourteen days after initiating daptomycin infusion, blood work up show worsen creatinine level at 2.18 mg/dL. Further blood work up revealed elevated aspartate aminotransferase (AST) at 1200 U/L, elevated alanine aminotransferase at 325 U/L, elevated creatinine kinase (CK) total at 38,390 U/L and elevated myoglobin at 28,663 ng/mL. Patient diagnosed with rhabdomyolysis secondary to daptomycin, Naranjo score is 6. Daptomycin and atorvastatin were discontinued, and normal saline infusion started with rate of 200 mL/hr. Patient total stay of admission was 5 days and blood work up show marked improvement.

Conclusion: Daptomycin associated rhabdomyolysis is a rare and concerning side effect that require prompt discontinuation of the antibiotic.