

A non-fatal self-poisoning attempt with sildenafil

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Introduction

Sildenafil

- 1-[[3-(6,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methylpiperazine
- Phosphodiesterase type 5 inhibitor
- Used for treatment of pulmonary hypertension (Revatio[®]) and erectile dysfunction (Viagra[®])





Structure of sildenafil

		Resu	lts		
		Experimer	tal results		
 Limit of de Linearity: 10-fold dil 	etection: 0.008 from 0.025 to 2 ution integrity:	μg/mL .5 μg/mL 97 ± 10%			
Target conc.	Intra-	day (n = 6)	Inter-o	day (n = 6)	Recovery%
(μg/mL)	conc. (µg/mL)	CV% % error	conc. (µg/mL)	CV% % error	

- Not generally known for its use as a self-poisoning drug
- Reports of intoxication cases have been described including some with a lethal outcome

Case report

- 56-year-old man
- Claimed to have undertaken an unsuccessful suicide attempt by ingestion of 65 tablets of 100 mg sildenafil
- Arrived in the emergency room with severe vomiting and symptoms of blurred vision
- Sinus tachycardia of 100 bpm
- No signs of hypotension or priapism
- Supportive care was given

Methods

Development and validation of a **high performance liquid chromatography** - **photodiode array** method to quantify the sildenafil level in serum

0.025	0.029	8.3	16.5	0.025	12.9	-1.3	
0.075	0.068	7.8	-9.7	0.071	9.2	-5.8	79 ± 8
0.250	0.226	7.6	-9.8	0.240	7.7	-3.9	
2.000	1.831	10.2	-8.5	2.008	6.9	0.4	80 ± 6

Validation parameters

Patient results

- Multiple serum specimens of the patient collected over 3 days
- ightarrow Confirmation of the diagnosis of sildenafil intoxication
- \rightarrow Study of sildenafil clearance
- First-order kinetics
 Biological half-life: ~4.2 hours

Time after hospital admission (h)	Patient serum conc. (µg/mL)
0	22.2
5	9.2
14	2.3



Sildenafil elimination kinetics on a linear plot



HPLC system: Agilent 1100/1200 series

HPLC column: Agilent ZORBAX Eclipse Plus C8, 3.0 x 150 mm, 3.5 μm particle size Column temp.: 40°C

Gradient elution

- Solvent A: 10 mM phosphate buffer, pH 2.3
- Solvent B: 10 mM phosphate buffer pH 2.3: acetonitrile, 2:8 PDA detection at 225 nm

I	Time (min)	% solution A	% solution B	Flow (mL/min)
	0	95	5	0.625
I	19	0	100	0.595
I	23	0	100	0.625
	24	95	5	0.625
I	30	95	5	0.625



Time (hours) (0 hours = sample of hospital admission)

Discussion

- Full method validation according to European Medicine Agency guidelines
- Highest reported serum conc.: 22.2 μg/mL
 >>> Therapeutic peak conc. after a single oral dose of 100 mg: 0.5 μg/mL
 >>> Conc. fatal case report: 6.3 μg/mL
- Half-life (4.2 h) in accordance with literature data (range: 1.4 4.5 h)
- Overdose pharmacokinetics similar to pharmacokinetics after therapeutic doses
- No good correlation between administered dose and clinical outcome

Importance of pre-existing risk factors
 Possible drug interactions

Conclusion

- Highest sildenafil dose ingested, resulting in the highest serum concentration level ever reported
- High tolerance in this patient: few symptoms and only moderate supportive therapy needed for recovery without sequelae
- Unofficial sale of sildenafil and variants, and exponential increase in online pharmacies remain a major concern, especially for patients with pre-existing comorbidities or multiple drug intake
- Published as: Matheeussen V, Maudens KE, Anseeuw K, Neels H (2015) A non-fatal self-poisoning attempt with sildenafil. Journal of Analytical Toxicology 39 (7):572-576

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