Devastating complication of Statins- Statin incudced proximal muscles myositis , myonecrosis post coronary artery bypass grafting , a Case Report

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Objective:
To report rare complication of oral Rosuvastatin . Statins have long known for and are most commonly prescribed lipid lowering agents. Seldom its complications are though for or considered while prescribing, also the dose of statin needs to be individualised according to creatinine clearance and patient factors. Here we write a case report of one such rare complication of statin induced proximal lower limb muscle -myositis and myonecrosis.

Methods:
A 61 years gentleman , Vascular surgeon by occupation presented with acute coronary syndrome. He was known diabetic and was suffering from chronic kidney disease, on presentation imaging and investigations were performed , Creatinine was 3.2 on admission , Coronary angiography was suggestive of triple vessel disease, hence decision of coronary artery bypass grafting was made. After one month of best medical management Coronary artery bypass grafting was performed, Radial artery and long saphenous vein were harvested for procedure. post procedure high dose statin was given considering the calified vessels. He received rosuvastatin 40 mg daily. after one week post surgery he started experiencing difficulty getting up and extreme weakness. He was readmitted - on admission urine was high coloured , CPK was 125000, MRI suggested myositis in proximal lower limb muscles , he received high dose corticosteroids intravenously and were tapered off orally over next 3 months. Anti jo 1 antibodies were positive in the screen. He recovered from the episode , but at the time of discharge some residual weakness persisted which reduced gradually over next 1 year.

Results:
Statin at high dose of 40 mg rosuvastatin , for a patient with raised creatinine and creatinine clearance 20-30 , led to devastating complication of myositis and myonecrosis with Creatinine Phosphokinase 125000, and Myositis changes on MRI.

Conclusion:
Though statins are prescribed routinely, its complications should be considered while prescribing , if not suited -alternatives such as monoclonal antibodies should be considered as a lipid lowering agents.