

A RARE CASE OF LUNESTA (ESZOPICLONE) INDUCED ACUTE INTERSTITIAL NEPHRITIS

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Lunesta (Eszopiclone) is a commonly prescribed sleep aid used by many medical practitioners. Recognized side effects include headache, drowsiness, and dizziness. We report a patient who developed acute allergic interstitial nephritis (AIN) as proven by renal biopsy which developed two weeks after starting the medication.

We present a 44 year old white male with history of HTN, GERD, who presented with fatigue, weakness, decreased oral intake. He was seen by his primary care doctor, and was started on Lunesta (Eszopiclone) two weeks before. Creatinine (Cr) on admission was 12.3 mg/dl.

Past Medical History(hx): hx of MVA, OSA, HTN, cirrhosis, hyperlipidemia. Meds: Nadolol, Lisinopril/HCTZ, Nexium, Norvasc, Allopurinol, Lexapro. All he had been on for one year. No herbal meds, no NSAIDS. One dose of Ciprofloxacin on day of admission. Social Hx: hx of tobacco use and etoh use, none now. No IVDA. PE: Vital signs stable. No significant findings on exam. Labs: baseline Cr: 0.8. U/A: 2+ protein, 1+ blood, 10-20 WBC/HPF. Hgb 12.3, no peripheral eosinophilia. No urine eosinophils.. Serologic work up negative. Renal ultrasonography: no hydronephrosis.

The patient was urgently dialyzed, and a renal biopsy showed acute interstitial nephritis with eosinophilic infiltrates and acute tubular necrosis (ATN). The patient was started on Prednisone 60 mg a day which was weaned over four weeks. He dialyzed for a week and a half, and his Cr decreased to baseline.

We believe that AIN may be a rare, but significant complication of Lunesta (Eszopiclone). A careful medication history revealed this to be the only new medication the patient was taking, either prescribed or unprescribed. As far as we are aware, a PubMed search yielded only one other reported case. Medical practitioners should be aware of this rare, but significant complication. The concomitant ATN may have been due to decreased oral intake over the two week period combined with the ARB and diuretic.