



<https://printo.it/pediatric-rheumatology/IE/intro>

Drug Therapy

Version of 2016

11. Colchicine

11.1 Description

Colchicine has been known for centuries. It is derived from the dried seeds of colchicum, a genus of flowering plants in the family Liliaceae. It inhibits the function and numbers of white blood cells, in this way blocking inflammation.

11.2 Dosage/modes of administration

It is given orally, usually up to 1-1.5 mg per day. In some cases, higher dosages (2 or 2.5 mg per day) may be required. Very rarely, in resistant cases, the drug is given intravenously.

11.3 Side effects

Most side effects are related to the gastrointestinal system. Diarrhoea, nausea, vomiting and occasional abdominal cramps may improve with a lactose-free diet. These side effects usually respond to transient dose reduction.

After the disappearance of these signs, an attempt to slowly increase the dose to the original level can be made. There might be a decrease in the number of blood cells; therefore periodic monitoring of blood cell counts are required.

Muscle weakness (myopathy) may be seen in patients with renal and/or liver problems. Prompt recovery is achieved after discontinuation of the drug.

Another rare side effect is alteration of the peripheral nerves

(neuropathy), and in these rare cases the recovery may be slower. Rash and alopecia (hair thinning) may be observed occasionally. Serious poisoning may occur after ingestion of a large quantity of the drug. Treatment for colchicine intoxication (poisoning) requires medical intervention. Gradual recovery is usually observed but rarely the overdose may be fatal. Parents should be very cautious that the drug is not within the reach of small children. Colchicine treatment in Familial Mediterranean Fever could be continued throughout pregnancy after consultation with a gynaecologist.

11.4 Main paediatric rheumatic diseases indications

Familial Mediterranean Fever.

Some other autoinflammatory conditions including recurrent pericarditis.