

Side Effects

Hepatotoxicity

Liver with Toxic-green-glow

Hepatotoxicity is characterized by the increase of hepatic enzyme levels (e.g. AST, ALT) and is often asymptomatic. Reduction and/or discontinuation of the dosage can be considered if the elevation exceeds double or three times normal.

Pulmonary Fibrosis

Fiber-ball hitting Lungs

Pulmonary fibrosis can be a side effect of amiodarone in 5-7% of patients. It can manifest with hypoxemia, dyspnea, and exertional desaturation.

Bradycardia

Snail-heart

Bradycardia can occur in 2-4% of patients being treated with amiodarone. It occurs due to the mechanism of amiodarone i.e. decreasing SA node automaticity and AV node conduction velocity.

Heart Block

Heart Block

Heart block can occur with intravenous amiodarone administration. Amiodarone is contraindicated in second- or third-degree heart block patients who do not have a pacemaker.

Thyroid Disorders

Thigh-droid

Amiodarone contains an iodine component (40% iodine by weight), which has a similar structure to thyroxine and affects the thyroid gland. Hypothyroidism (2% cases) or hyperthyroidism (6% cases) can occur. If a new arrhythmia is found in a patient being treated with amiodarone, hyperthyroidism should be suspected.

Blue/Gray Skin Deposits

Blue Gray Skin

Dermatologic side effects can occur with amiodarone administration. Blue-gray skin deposits ("smurf-skin") can be seen in close to 9% of patients. It is usually seen in exposed skin. Another finding is photosensitivity (10% cases) which can be prevented by Sun barrier creams or protective clothing.

Corneal Deposits

Corn-eyes Filled

Corneal deposits often occur in patients (up to 90% cases) using amiodarone. It can be seen by slit-lamp examination. Once amiodarone is in the blood, it may start to be secreted by the lacrimal glands and then uptaken by corneal epithelium. Patients may complain of visual halos or blurred vision.