P195

Prolonged use of the neurokinin receptor antagonist aprepitant in the management of refractory severe diabetic gastroparesis

KK Dhatariya
Elsie Bertram Diabetes Centre, Norfolk and Norwich University Hospital NHS Foundation Trust, Norfolk, UK

Our patient had an 11 year history of poorly controlled Type 1 diabetes. She had stable diabetic retinopathy, but had previously required laser treatment. Between 2004 and 2006 she was admitted 14 times with diabetic ketoacidosis secondary to intractable vomiting, spending a total of over a year in hospital. She was transferred to this institution where her glucose control was optimised, but she continued to vomit. Promotility agents – metoclopramide and low dose erythromycin – did not help. She was treated with combinations of intravenous, oral or subcutaneous antiemetics using dopamine, and 5HT3 receptor antagonists, as well as antihistamines. On this regime she was kept out of hospital for almost a year. However, in late 2007 she was readmitted with ketoacidosis. This time she was started on a subcutaneous insulin pump and percutaneous jejunal feeding. Despite this and her continuing intravenous antiemetics and promotility agents, her vomiting continued. She was given octreotide, a subcutaneous somatostatin analogue, to reduced her gastric secretions and had pyloric botulinum toxin to increase gastric outlet – all to no avail. In February 2008 she was started on aprepitant, a neurokinin receptor antagonist licensed for 3 days for post-chemotherapy vomiting. She stopped vomiting within 24 h. She remained on this drug until June 2008 without vomiting remaining out of hospital. She subsequently had a gastric pacemaker fitted and aprepitant withdrawn. Her HbA1c is the best it has ever been at 6.7% (< 7%). This is the first report of aprepitant being used for this length of time.