

Rhabdomyolysis With Statin Use

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Signs & Symptoms:

- Nausea, vomiting
- Agitation, delirium, anuria, fever, myopathy, weakness, muscle pain, muscle bruising
- Tea-colored urine

Clinical Presentation:

- Elevated CK, WBC
- Elevated AST (aminotransferase), ALT (alanine aminotransferase)
- Elevated lactate dehydrogenase (LDH) and myoglobinuria

CK is normally between 26 to 174 u/L.

CK levels that increase 5x greater than normal values may indicate rhabdomyolysis.

CK rises 2-12 hours after the injury or insult occurs, and then peaks in 1 to 3 days. Levels start to decline in 3 to 5 days.

AST, ALT, & LDH also increase due to muscle injury.

BUN and SCr also may increase due to prerenal causes of ARF (acute renal failure) from dehydration and myoglobinuria.

Hypocalcaemia may be observed due to rapid calcium accumulation in the muscles after muscle injury.

Hyperalbuminemia, later turning into hypoalbuminemia, may be observed due to dehydration.