A 71-year-old man who had been received chemotherapy for intrahepatic cholangiocarcinoma presented with a fever for the previous 3 days. As laboratory studies showed mildly elevated liver tests, we diagnosed him with cholangitis, and oral levofloxacin (500 mg/day) was initiated. Five days later, he noted the immediate onset of pain in his left ankle without any physical activity followed by swelling of his left lower leg. Subsequent ultrasound and computed tomography revealed Achilles tendon rupture (Picture 1, 2). He received conservative treatment, and his pain quickly resolved. Fluoroquinolone antibiotics have been gaining increased attention because of the associated adverse events of tendinitis and tendon rupture (1). These adverse events can occur as early as a few hours after the initial dose or up to six months after drug therapy (2). The reported risk factors are concomitant steroid therapy, renal insufficiency, and advanced age (>60 years of age) (1, 2), and the present patient’s age corresponded with these risk factors.

The author states that he has no Conflict of Interest (COI).
Contributors
S. Kitagawa diagnosed the case and wrote the manuscript, and is the article guarantor.

We declare that this manuscript is original, has not been published before and is not currently being considered for publication elsewhere. The authors declare no conflicts of interest in association with the present study, and there has been no significant financial support for this work that might have influenced its outcome. We obtained informed consent from the patient. The manuscript has been read and approved by all of the named authors.

References

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