or use of healthcare services, based on a survey of the mothers and their children’s doctors.

However, 6 children (2.9%) exposed in utero to repeat courses of corticosteroids were diagnosed with cerebral palsy, compared to only 1 child (0.5%) exposed to a single course. The difference was not statistically significant (p=0.12), but it raises the possibility that repeat treatment courses are detrimental. Five of the 6 children with cerebral palsy were exposed to 4 or more courses, and 5 were born after 34 weeks of gestation with normal transfontanellar sonographic status (6).

In practice: a single course

Repeat courses of corticosteroids aimed at accelerating fetal lung maturation are no more beneficial than a single course. There are also concerns about a possible negative impact on birth measures and neurological status in early childhood.

It is therefore more prudent to continue to use a single course of corticosteroids in this setting.

Selected references from Prescrire’s literature search.


Lyell syndrome and epileptic seizures after confusion between Lamictal° and Lamisil°

- These two brand names are too similar, while the international nonproprietary names (INNs) are clearly different: lamotrigine (an antiepileptic) and terbinafine (an antifungal drug).

Serious adverse effects have been reported in France after dispensing errors due to confusion between lamotrigine (Lamictal°), an antiepileptic, and terbinafine (Lamisil°), an antifungal drug (1).

Lamotrigine instead of terbinafine: severe disorders when the drug is not introduced gradually. Patients who received lamotrigine instead of terbinafine experienced serious cutaneous reactions (Stevens-Johnson syndrome and Lyell syndrome) or other severe hypersensitivity reactions. These cutaneous reactions are known adverse effects of lamotrigine and are more frequent when treatment is initiated at a high dose. This can occur when terbinafine is prescribed but lamotrigine is accidentally dispensed. For example, a 54-year-old woman received lamotrigine instead of terbinafine for a mild fungal nail infection (2). She developed fever, generalised rash, facial swelling, mucosal involvement with conjunctival hyperaemia, dyspnoea, a bronchial syndrome, kidney and liver damage, and hypereosinophilia. The error was discovered a few days after drug withdrawal (2).

Terbinafine instead of lamotrigine: more frequent epileptic seizures. In a case reported in France, terbinafine was dispensed instead of lamotrigine to a patient whose epilepsy had been stable on lamotrigine. This error resulted in more frequent seizures (3).

Oral terbinafine has numerous and potentially severe, sometimes life-threatening, adverse effects: gastrointestinal disorders (nausea, abdominal pain), altered sense of taste, potentially severe cutaneous disorders (rash, urticaria), life-threatening liver damage, and serious haematological disorders such as neutropenia, agranulocytosis and pancytopenia (4). In addition, terbinafine inhibits the cytochrome P450 isoenzyme CYP 2D6 (4).