

Dear Colleague:

I am writing this letter to describe my journey as a physician in understanding the potential devastating and life altering side effects of Fluoroquinolones on patients. I am a practicing ENT physician in Florida. My training included Medical School at the University of Florida where I was Alpha Omega Alpha and graduated 10th in my class. Residency training as an Ear, Nose, Throat and Head and Neck surgeon was completed at the University of Florida.

During my career as a physician in private practice I have prescribed oral Levaquin, Avelox and Cipro for over 20 years. Usually this was given for chronic sinusitis.

My wife was given oral Levaquin twice, Avelox once and then Factive over a four year period of time. Her first Levaquin precipitated peripheral neuropathy in August 2008. She had persistent and then worsening symptoms since that first injury seven years ago. In retrospect she suffered acute onset connective tissue symptomatology, severe neurocognitive injury, marked prolonged fatigue and peripheral neuropathy related to taking these antibiotics. The onset of these side effects varied from acute, within a few days of beginning the drug to later onset. To this day she suffers ongoing peripheral neuropathy, neurocognitive difficulty and persistent fatigue with joint and back pain, also visual change and thyroid dysfunction. Her life has been permanently altered. I consider myself a good physician but I was unable to recognize these injuries as arising from the Fluoroquinolones because I was not looking for these drugs as the culprit. The differential diagnosis was complicated. Now I realize these medications as the direct cause and effect.

As I realized the potential side effects of Fluoroquinolones, I began looking for this in my patients. In my experience over the last two to three years three patients come to mind. One who experienced acute significant vertigo lasting almost three months from the use of oral Levaquin. A second patient with acute onset severe debilitating lower extremity pain from oral Levaquin caused him to be unable to work as a truck driver for two months. A third patient is a 23 year old girl given oral Levaquin by her primary care physician for sinusitis. She immediately experienced severe ankle and foot pain within a few days of taking oral Levaquin. This patient worked as a horse trainer and rode horses daily. She quickly became unable to do her job because of severe ankle pain as she tried to place her feet in the stirrups as she rode. The patient was referred to me because of persistent sinusitis. This was cleared with the use of other antibiotics. My young patient had persistent ongoing debilitating ankle and lower extremity pain and was unable to continue in the work she enjoyed. This was noted at her last visit with me to be persistent six months after discontinuing the Levaquin. More details concerning these patients are available if you would like to discuss them with me.

This is anecdotal but caused me to review other information and studies of the potential side effects of Fluoroquinolones. In my experience I conclude these are dangerous and potentially life altering medications and should only be used in life threatening situations. The most important adage I learned as a young medical student was "First do no harm", a very valuable basic principle for any physician. It is my belief and experience that the over prescribing of these antibiotics violates this basic principle of medicine. I no longer prescribe Fluoroquinolones to my patients. I will be happy to discuss my experience at any time.

Sincerely,

Lawrence W. Rodgers, Jr. MD

Otolaryngology