

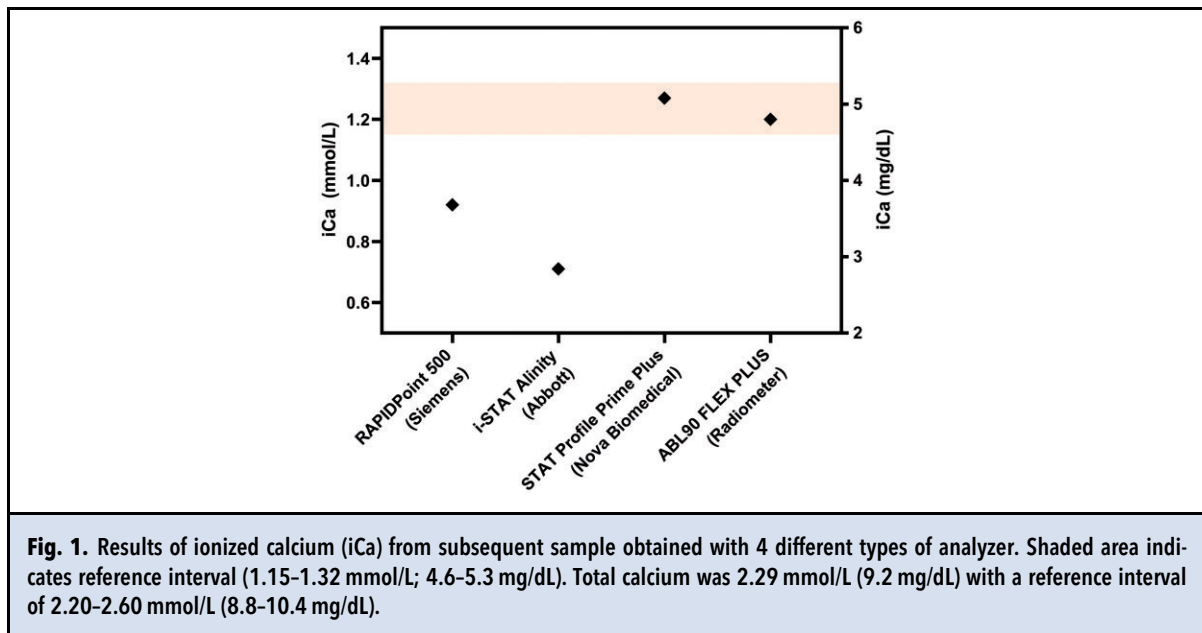


Hypocalcemia or Not?

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Case Description

A 69-year-old woman receiving treatment with leflunomide for rheumatoid arthritis was admitted for a pacemaker upgrade, which was complicated by *Staphylococcus aureus* bacteremia. Laboratory results showed severe hypocalcemia—ionized calcium (iCa) of 0.66 mmol/L (2.6 mg/dL) (reference interval 1.15–1.32 mmol/L; 4.6–5.3 mg/dL), which prompted treatment with intravenous calcium. The physician was confused, however, by the very low iCa without clinical manifestations of hypocalcemia and contacted the laboratory. Results of subsequent iCa analyses on 4 different analyzers are shown in Fig. 1.



Questions

- What is the most likely cause of hypocalcemia observed with RAPIDPoint and i-STAT Alinity?
- How could you confirm your suspicion?
- Which substances can cause clinically relevant analytical interference of iCa?

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The answers are below.

Leflunomide can interfere with iCa measurement resulting in falsely decreased values (1), most likely related to the specific structure of the iCa-selective electrode used. A similar effect is seen with perchlorate, a thyroid blocking agent (2). To confirm analytical interference by leflunomide, iCa could be measured on an analyzer not affected by this interferent. Additionally, evaluation of total calcium in these patients can be helpful. Awareness of this interference can prevent inappropriate and potentially harmful calcium treatment.

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