

Bictegravir, Emtricitabine & Tenofovir Alafenamide-associated Acute Pancreatitis

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Background: Bictegravir, Emtricitabine & Tenofovir alafenamide (Biktarvy) is now considered as the first line treatment for Human Immunodeficiency virus (HIV).

Case Report: Thirty-six year old male with history of Human Immunodeficiency Virus (HIV) on antiretroviral Bictegravir, Emtricitabine, and Tenofovir alafenamide (Biktarvy) presented to the emergency room complaining of constant sharp epigastric pain for 2 days associated with nausea and one episode of non-bloody vomit. Patient has no history of gallbladder stones, and he drinks alcohol socially. No family history of hypertriglyceridemia. In the emergency room patient was tachycardic at 125 beats/minute, and blood pressure was 110/73 mmHg. Physical examination was remarkable for epigastric tenderness without rigidity. The underlying etiology was believed to be secondary to Biktarvy use since the patient was started 3 months prior to his presentation, Naranjo score is 6. Patient admitted to the regular floor, Biktarvy was discontinued, intravenous lactated ringer started at 150 mL/hour and diet status was nothing by mouth (NPO). Twenty-four hours after admission, patient condition markedly improved and his pain was controlled with intravenous hydromorphone 1 mg as needed. On the fifth day of admission, the patient's abdominal pain completely resolved, and he was able to tolerate regular diet.

Conclusion: Prompt discontinuation of the offending agent is an essential part of treatment plan of acute pancreatitis, as seen in this patient. Healthcare providers should be aware of the unusual adverse event of Bictegravir, Emtricitabine, and Tenofovir alafenamide (Biktarvy) as a potential cause of pancreatitis in patients with Human Immunodeficiency Virus (HIV).