



# A CASE OF ACUTE BEHAVIOURAL DISTURBANCES AND NEUROLEPTIC MALIGNANT SYNDROME

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**Abstract:** Introduction: Neuroleptic Malignant Syndrome is a life threatening neuropsychiatric emergency associated with use of neuroleptic agents or with the rapid withdrawal of dopaminergic medication. It is rare but serious idiosyncratic reaction to neuroleptics. Aim: To discuss a case of 25 years old female who presented with acute behavioural disturbances and neuroleptic malignant syndrome post LSCS. Results: Patient showed significant improvement (started interacting, reported improvement in sadness of mood, catatonic symptoms improved) and S.CPK levels show falling trends following which she was discharged from the hospital. Conclusion: NMS is a life threatening condition so, caution should be taken to look for risk factors of NMS before giving injectables. Past history of NMS should be taken and early identification of signs of NMS to be cautiously considered

**Index Terms – Behavioural disturbances, NMS.**

## I. INTRODUCTION

Neuroleptic Malignant Syndrome (NMS) is a life-threatening neuropsychiatric emergency associated with use of neuroleptic agents or with the rapid withdrawal of dopaminergic medication. It is rare but serious idiosyncratic reaction to neuroleptics. NMS has been associated with virtually every neuroleptic agent but is more commonly reported with the typical antipsychotics like haloperidol and fluphenazine. Classic clinical characteristics include mental status changes, fever, muscle rigidity, and autonomic instability. The pathophysiology of NMS is complex and incompletely understood. Most symptoms are attributed to the sudden reduction in central dopaminergic activity due to a D2 receptor blockade or abrupt withdrawal of D2 receptor stimulation.

## II. RESEARCH METHODOLOGY

25 years old female 5 days post LSCS presented with fearfulness, ill formed auditory hallucinations, reduced communication and crying spells followed by sadness of mood, staring, mutism and withdrawal. She was given injectables i/v/o agitation at Peripheral Hospitals. She was diagnosed with Acute pyogenic meningitis by Medicine department. On Examination, neck rigidity was present and tone was increased in all limbs. Rest of the systemic examination were normal. Her vitals were normal. S.CPK was advised by Psychiatry Department. Mental Status examination revealed poverty of speech, perseveration, fearful affect. Her investigations showed TLC 16,500/ $\mu$ l and S.CPK 1831U/L. Patient was started on Tab. Bromocriptine 2.5mg TDS and increased to 22.5 mg/day. Tab. Lorazepam 3mg/day was started. Tab. Sertraline 12.5mg was started and increased to 100mg.

## III. RESULTS AND DISCUSSION

Patient showed significant improvement (started interacting, reported improvement in sadness of mood, catatonic symptoms improved) and S.CPK levels show falling trends following which she was discharged from Psychiatry department. NMS is a life-threatening condition so; caution should be taken to look for risk factors of NMS before giving injectables. Past history of NMS should be taken and early identification of signs of NMS to be cautiously considered.

#### IV. Acknowledgment

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#### V. REFERENCES

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