TRIFLUOPERAZINE - INDUCED NEUROLEPTIC MALIGNANT SYNDROME MIMICKING SEPTIC SHOCK: A CASE REPORT

Kuan-Chun Lin¹, Hung-Sheng Huang¹, Ping-Chen Yu²

Abstract

This report describes a patient with a history of schizophrenia who surprisingly presented with confusion, near fainting and high fever after taking trifluoperazine. Low blood pressure, severe leukocytosis and elevated creatinine phosphokinase attribute to the diagnosis of neuroleptic malignant syndrome (NMS) instead of septic shock. It is a rare clinical manifestation that physicians should all keep in mind.

Key words: Trifluoperazine, Neuroleptic malignant syndrome, Septic shock

Introduction

Neuroleptic malignant syndrome (NMS), one of the most serious and unexpected adverse reactions after taking neuroleptics, is characterized by a clinical triad of altered mental status, dysautonomia, and muscle rigidity.¹ The diagnosis is established on characteristic clinical features in the setting of exposure to a neuroleptic.³ Although haloperidol has been involved in many of published cases of NMS, virtually all classes of dopamine antagonist can produce NMS, including prochlorperazine, metoclopramide, droperidol, and so on.² This report describes a 48-year-old female with a history of schizophrenia who presented with altered mental status, high fever after taking trifluoperazine. Low blood pressure was noted on emergency room. The laboratory data showed severe leukocytosis (21800/μL). NMS was diagnosed instead of septic shock due to elevated creatinine phosphokinase (754 U/L). It is a rare clinical manifestation that physicians should all keep in mind.

Case Presentation

A 48-year-old woman had a history of schizophrenia for many years. She was prescribed trifluoperazine 20mg once a day due to uncontrolled psychotic symptoms 3 days ago. Progressively, she presented with confusion, near fainting and high fever. On admission, she appeared acutely ill. The blood pressure was about 80/39 mmHg. Heart rate was 114 per minute. Temperature was 40°C. White blood cell count was 21800/μL (segmented neutrophil: 52%) on examination. Initially, low blood pressure was not responsive to fluid challenge. Dopamine was used immediately due to suspected septic shock. Her pupil size was normal. She showed hyperreflexia in both upper arms, and mild increased muscle tone in both lower extremities. There was no periph-