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Whether it's good or bad - "Single dose does matter": Two different yet interesting cases of NMS And NMS-like (PHS)!

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Parkinsonism- Hyperpyrexia Syndrome (PHS) is a neurological emergency that mimics neuroleptic malignant syndrome and sepsis. Abrupt cessation of anti parkinsons drugs, usually levodopa is responsible for this syndrome. Relative dopamine deficiency is proposed mechanism for PHS and replacement of dopaminergic drugs is the mainstay of treatment. We report a case who presented with manifestations of PHS after missing a single dose of levodopa. Stevens-Johnson syndrome (SJS) is a severe, episodic, acute mucocutaneous reaction that is most often elicited by drugs and occasionally by infections. The drugs commonly implicated as the cause of SJS are anticonvulsants, sulfonamides, non-steroidal anti-inflammatory drugs and antibiotics. Carbamazepine (CBZ) has been commonly implicated in SJS. Neuroleptic Malignant Syndrome (NMS) is a rare, life-threatening but potentially treatable condition. Among the neuroleptics, haloperidol (parenteral) is implicated as a most common drug for NMS. Though rare, association of NMS with CBZ and association of NMS with Toxic Epidermal Necrolysis (TEN) in a single patient after administration of neuroleptics has been reported in the literature before. However, a combination of NMS and SJS in a single patient after administration of CBZ has not been reported so far. We present a patient with seizure who developed SJS and NMS following administration of CBZ.

References

1. Newman EJ, Grosset DG, Kennedy PG (2009) The parkinsonism-hyperpyrexia syndrome. *Neurocrit Care* 10: 136-140.
2. Urasaki E, Fukudome T, Hirose M, Nakane S, Matsuo H, et al. (2013) Neuroleptic malignant syndrome (parkinsonism–hyperpyrexia syndrome) after deep brain stimulation of the subthalamic nucleus. *Journal of clinical neuroscience* 20: 740-741.
3. Ahuja N, Cole AJ (2009) Hyperthermia syndromes in psychiatry. *Advances in Psychiatric Treatment* 15: 181-191.
4. Coleman A, Trappler B. Stevens-Johnson syndrome following treatment with carbamazepine for a mood disorder. *Jefferson J Psychiatry* 1996;13, Article 8:48–53.
5. Mockenhaupt M. The current understanding of Stevens-Johnson syndrome and toxic epidermal necrolysis. *Expert Rev Clin Immunol* 2011;7:803–13.
6. Frisch PO, Ruiz-Maldonado R. Erythema multiforme, Stevens Johnson syndrome and toxic epidermal necrolysis. In: Freedberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Katz SI, eds. *Fitzpatrick's dermatology in general medicine*. 6th edn. New York: McGraw-Hill, 2003:543–57.

Biography

Raghavendra Bakki Sannegowda is currently affiliated with the Department of Neurology, Father Muller Medical College, India, continuing research in the specialized scientific area of Neurology. He has been awarded multiple gold medals during his undergraduate and postgraduate training days for pathology, Cardiorespiratory medicine (KMC). He has authored innumerable articles in various national and international journals related to Neurology and Neuroscience. He has to his credit for being the Author of rare signs in neurology like "Hot cross" and "reverse hot cross bun sign", "panda Cub sign" and "wrist and jaw clonus". For his famous article "single dose does matter" he was invited as a speaker in Frankfurt Germany. He was also invited as a speaker in the Zurich conference for his case series of "Neurological manifestations in Covid patients". He is the author of one of the largest series of "primary intraventricular haemorrhage" and "Moyà Moyà disease". He was awarded the ICONIC HEALTHCARE LEADER award- NEUROLOGIST twice in 2022 and 2023 by GOLDEN AIM AWARDS.

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