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Olgu sunumu

Zuklopentiksol Dekanoat Uzun Etkili Depo Enjeksiyon Kullanımına Bağlı Yüz ve Periferik Ödem: Bir Olgu Sunumu

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Ö Z

Beta blokerler, kalsiyum kanal blokerleri, non-steroid anti inflamatuvar ilaçlar, bazı hormonal ilaçlar ve antipsikotikler yüz ve periferik ödeme neden olabilir ancak antipsikotiklerin uzun etkili depo enjeksiyon formlarına bağlı ödem nadir görülmektedir. Risperidon ve paliperidonun uzun etkili enjekte edilebilir formlarından kaynaklı ödem ile ilişkili olgu sunumları bulunmaktadır. Bildiğimiz kadarıyla, zuklopentiksol dekanoat uzun etkili depo enjeksiyon ile ilişkili yüz ödemi bildirilmemiştir. Bu olgu sunumunda, zuklopentiksol dekanoat uzun etkili enjeksiyon ile tedavi sonrası yüz ve bilateral periferik ödem gelişen bir kadın hasta sunuldu.

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Case report

Facial and Peripheral Edema Associated with Zuclopenthixol Decanoate Long-acting Injectable: A Case Report

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ABSTRACT

Beta blockers, calcium channel blockers, non-steroidal anti-inflammatory drugs, several hormonal drugs, and antipsychotics can cause facial and peripheral edema but edema can rarely occur with long-acting injectable forms of antipsychotics. There are case reports associated with risperidone and paliperidone long-acting injectable-induced edema. According to our best knowledge, there are no reports of zuclopenthixol decanoate long-acting injectable-related facial edema. Herein, we present a female patient who developed facial and bilateral peripheral edema after treatment with zuclopenthixol decanoate long-acting injectable.

Introduction

Zuclopenthixol decanoate is a long-acting form of zuclopenthixol that is useful in the maintenance treatment of schizophrenia. It is for intramuscular administration and has its therapeutic effects for 2 to 4 weeks. The most commonly seen side effects recorded are drowsiness, fatigue, headaches, constipation, blurred vision, dry mouth, impaired sexual function. Non-steroidal anti-inflammatory drugs, calcium channel blockers, several hormonal drugs, and beta blockers can cause edema. In antipsychotic use, edema appears less common than other drugs (1).

Some cases of facial or peripheral edema have been reported to be associated with quetiapine, olanzapine, risperidone, and long-acting risperidone (2). PubMed search with key terms “zuclopenthixol” and “edema” did not reveal any documents. Here, we present a female patient who developed facial edema and bilateral peripheral edema after treatment with zuclopenthixol decanoate long-acting injectable (ZDLI) which resolved spontaneously after two weeks of injection.

Case Presentation

The patient is a single and unemployed female born in 1996. She was admitted to the psychiatric inpatient unit with complaints of irritablity, decreased need for sleep, self-talking, agression and diagnosed with schizophrenia plus intellectual disability according to Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (3). There was no a family history of psychiatric disorders. The family stated that the patient did not want to use medication, so they did not bring her to the hospital. The depot injection was recommended to the patient once every 15 days, the family accepted it. Oral zuclopenthixol was intended to be administered before injection but this preparation

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could not be obtained and her treatment was started with haloperidol 5 mg/day and quetiapine 100 mg/day. The patient developed extrapyramidal side effects, swelling of both hands, eyelid, and face four days after injection of ZDLI (Figure 1, 2).

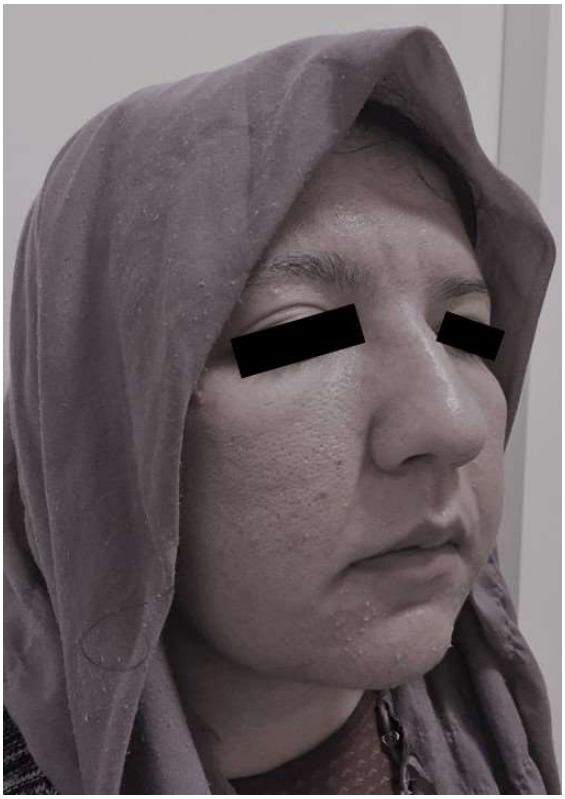

Figure 1. Facial Edema

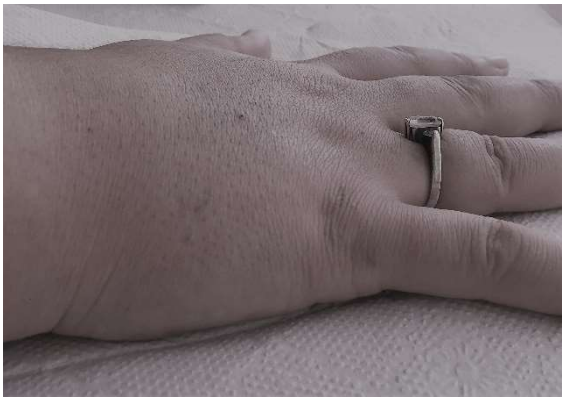

Figure 2. Peripheral Edema

Physical examination of other systems were unremarkable. There was no laboratory and imaging findings that could cause edema. There was no history of substance use (e.g., cigarette, alcohol, cannabis). Her fluid and dietary intake was unchanged. She was not on any medication that was likely to cause edema. She has not hypertension. It is decided to stop firstly haloperidol and quetiapine. The patient managed with biperiden 2 mg twice a day. Two week after injection of ZDLI, swelling completely resolved face to periphery. Haloperidol 5 mg/day and quetiapine 100 mg/day restarted because edema appeared following injection. A similar situation was not observed in follow-up two weeks later. Her psychiatric symptoms also decreased. Patients and their relatives were warned for this side effect due to ZDLI. The patient was discharged at the request of her family in partial remission. The patient and parents were warned about edema due to ZDLI use and signed written informed consent for publication of data of patient. Naranjo Adverse Dug Reaction Probability Scale (NADRPS) score of the patient was 5 (4).

Discussion

This case report was evaluated as a case of edema due to ZDLI since edema began with the addition of the drug and completely cured after discontinuation of the drug (5). Other causes of edema were excluded. The NADRPS score indicates a probable association between drug use and edema (4). Edema has been reported with several long-acting injectable antipsychotics such as risperidone (6) and paliperidone palmitate (7). The mechanism by which ZDLI and antipsychotics could cause edema has not been fully elucidated. Things that are thought to be related to this side effect are: super sensitivity of α-receptors to antipsychotic agents (8), antipsychotic antagonism on the renal dopamine receptors (D4) (9). Peripheral edema may occur with rapid dose increase. Immune components that were reported in case reports include low C4 and C1 esterase inhibitor in relation to risperidone (10-12).

Conclusion

As a result, this case report suggests that physicians and relatives should be aware that ZDLI may induce edema with a low quality of life and low compliance to treatment. Further systemic research should be conducted with respect to ZDLI-induced edema to provide a greater understanding of both its prevalence and etiology.

Disclosure statement

No potential conflict of interest was reported by the authors.

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