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Differential Diagnosis Between Neuroleptic Malignant Syndrome and Catatonia

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Neuroleptic Malignant Syndrome is one of the most dangerous complications of antipsychotic therapy, rare but very serious, especially with first-generation neuroleptics. It is a medical emergency, an early diagnosis will be necessary and include general supportive measures and symptomatic drug therapy.

Objectives

NMS is a diagnosis of exclusion that typically occurs between 24 and 72 hours. Rare after two weeks, except that the deposit may extend this period. The course is between 7 and 10 days.

Methods

We will present a case in which we see the difficulties that arise in daily clinical practice.

Results

The most characteristic symptoms are engines, such as stiffness (" lead pipe "), dystonia, tremor, nystagmus, opisthotonos, bradykinesia, dysphagia, dysarthria, lethargy, convulsions, trismus, oculogyric crisis. Changes the state of consciousness (confusion, delirium and stupor or coma). Hyperthermia, above 38.5 ° C (up to 41). Autonomic instability (hypertension, postural hypotension and variability in blood pressure, tachycardia, tachypnea, salivation, sweating, pale skin, and urinary incontinence).

Conclusions

It is particularly difficult to make the differential diagnosis with malignant catatonia, by the common features that both products, which are indistinguishable in a quarter of cases, conceptualizándose the NMS as a form of drug-induced malignant catatonia. This resembles by muscle rigidity, hyperthermia, and akinesia. His appearance is preceded by emotional disorders, psychotic symptoms, depressive symptoms, impaired functioning prior patient, acute anxiety and agitation, which occurs about two weeks before. In catatonia, hyperactivity and hyperthermia typically occur prior to the administration of the neuroleptic.

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