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A CASE REPORT ON NEUROLEPTIC MALIGNANT SYNDROME

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Abstract
Neuroleptic Malignant Syndrome is a life threatening rare reaction to anti psychotic drugs that treat mental health conditions like schizophrenia, bipolar disorder etc. mainly associated with high fever, confusion, rigid muscles, variable blood pressure, and tachycardia and sweating. A 70 year old male patient presented with the complaint of fever, confusion and tremor. Patient had a history of psychiatric illness and have a medication history of oxcarbazepine 300mg, quetiapine 200mg, trihexyphenidyl 2mg, divalproex sodium 500mg, haloperidol 5mg, nitrazepam 10mg.Previous reports showed that patient had bipolar disorder mainly characterised by decreased sleep and wandering over. On lab investigation Creatinine Phosphate Kinase was found to be elevated. Urine examination showed elevated white blood cell count. Patient also had low and high blood pressure. From the data it was diagnosed as Neuroleptic Malignant Syndrome. The atipsychotic drugs was discontinued and the condition was managed with bromocriptine 2.5mg. Other conditions are symptomatically managed. Incidence rate of neuroleptic malignant syndrome range from 0.02-3% among patients taking antipsychotic medication.

Keywords: Neuroleptic Malignant Syndrome.

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A CASE REPORT ON KAWASAKI DISEASE (MUCOCUTANEOUS LYMPH NODE SYNDROME)

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Abstract
Kawasaki disease (KD) is rare conditioncharacterised by acute, systemic inflammatory processes that cause fever, exanthematous rash and vascular disease in young children. A misdiagnosed 7 year old male patient with severe febrile illness was transferred from another hospital to intensive care unit of our hospital with chief complaints of cervical node enlargement, rashes all over the body, dry fissured lips, and fever since 2 weeks, periungual peeling, bilateral non purulent conjunctivitis and strawberry tongue. Laboratory investigation showed low levels for hemoglobin (9g/dl) and albumin (2.6 g/dl) but with levels higher than normal for WBC count (20,470cumm), platelet count (5, 94,000 lakhs), ESR (97mm/hour) and CRP (6.8mg/L). Peripheral smear reported normocytic normochromic anaemia, moderate leucocytosis, severe eosinophila and thrombocytosis. The child was diagnosed for KD based on typical diagnostic criteria and treated with a single dose of immunoglobulin-G 2g/kg over 12 hour and daily dose of aspirin 150mg 2 tabs Q6H resulting in considerable clinical improvement. A single site study from Chandigarh was the only published epidemiologic study for KD in India. Study reported that KD was found to be ten times more common than rheumatic fever and when left undiagnosed it resulted in coronary sequale in young adulthood. KD is treatable with early diagnosis by including it in the differential diagnosis of all febrile illness that persists more than 5-7 days thereby preventing a large portion of cardiac burden.

Keywords: Kawasaki disease, cardiac aneurysm, eosinophila.

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