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ESCITALOPRAM INDUCED HYPONATREIMIA: A CASE SERIES

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Abstract

Escitalopram is a drug of choice for major depression, generalized anxiety belonging to class of SSRI. The Escitalopram induced hyponatremia is less common but very serious and fatal condition. This case series reports 4 cases 1. A 58-year-old female having psychosis and generalised anxiety developed hyponatremia on administration of Nexito on 5th day (Na-125). It was managed symptomatically and withheld the drug. 2. A 32-year-old female having major depression, taking Escitalopram for 1 month, presented to emergency department due to fatigue and generalised weakness on checking electrolyte it was found to be severe hyponatremia (Na-119). Immediately drug was withdrawn with corrective measures and after patient became stable Escitalopram was started again. 3. A 72 years old male with CPOD and depression prescribed with Nexito developed hyponatremia (Na-128) managed clinically without De-challenging. 4. A 50-year-old female patient with generalised anxiety prescribed with Nexito, complained of weakness on 7th day and found to be hyponatraemic (Na-123) and the condition was managed symptomatically by withholding the drug. On ADR probability scale, it was found to be certain for 3 and probable for 1 in WHO scale and Probable in Naranjo scale. This indicates need for ADR monitoring of most commonly prescribed Escitalopram with continuous monitoring of serum sodium.

Keywords: Escitalopram, Hyponatremia

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MYASTHENIA IMPENDING CRISIS: A CRITICAL PERIOD TO INTERVENE

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Abstract

Myasthenic crisis is a serious occurrence, affecting up to 27% of patients with myasthenia gravis. It is caused by severe weakness of respiratory muscles, upper airway muscles (bulbar myasthenia) or both. It is typically precipitated by poor control of generalized disease, medical treatment for bulbar myasthenia (steroids and anticholinesterases) and other recognized triggers like infection, emotional stress, hot environment, sudden elevation of body temperature and hyperthyroidism and certain drugs. Myasthenia impending crisis is the beginning of myasthenia crisis. A 55 yr old male patient with history of Diabetics Mellitus, Hypertension and myasthenia gravis was presented with chief complaints of fever for 1 day and cough. The diagnosis made was Myasthenia Gravis impending Crisis with elevated CRP(21.1mg/L), increased WBC(12,770cells/cmm), PCT(0.35ng/ml) and low lymphocyte counts(7%). Past medications include antidiabetics, antihypertensive, acetylcholine inhibitors and immunosuppressants (prednisolone 10mg half OD and azathioprine 50mg BD). RFT and electrolytes were normal. Precipitant of this crisis could be respiratory infection. Infection could have resulted from steroid induced immunosuppression. Current therapy for respiratory illness was antihistamines, antitussives, antibiotics, antivirals and bronchodilators. Typically, anticholinesterase inhibitors are discontinued to avoid excessive secretions while the patient is experiencing respiratory failure. But in this case, Patient was treated with two acetylcholine inhibitors neostigmine 15mg BD and pyridostigmine 60mg qid which has less evidence. Patient was prophylactically given antiemetics and probiotics to prevent cholinergic crisis like nausea, vomiting and diarrhoea. Patient's condition improved after 5 days of treatment with normal CRP (1.8mg/L), WBC(8810cells/cmm) and lymphocytes (25%).

Keywords: Myasthenia crisis, acetylcholine inhibitors, precipitants

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