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Case: oromandible dyskinesia secondary to clebopride

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Case Description: Male aged 15 years old comes to our office complaining anxiety. From midday he presents awkwardness to open his mouth what causes him speaking problems and turns him quite nervous. Yesterday he started taking Flatoril ® (Clebopride/simeticone) because of two weeks abdominal disturbances according to his doctor instructions.

Exploration and complementary tests: BP: 140/75 mmHg, HR 88, SatO2 100%, Temp: 36.7°C. Conscious, orientated, eupneic. Very anguished, right deviation of his mandible that hardens speech. Tongue muscles contracture appearing vertical. Snuffle. Rest of exploration normal.

Cervical Xray and Blood analytics, normal results.

Clinical approach: It could be a muscle contacture or late-onset partial epilepsy, but the recent consumption of Clebopride guide us to a suspect of dyskinesia secondary to drug intake.

Treatment: Intravenous Diazepam (5mg) diluted in physiologic saline. Intravenous bolus of Biperidene (5mg) diluted in 10cc of physiologic saline. After 6 hours kept under observation, the patient is asymptomatic.

Clinical Discussion: Clebopride is an intestinal motility stimulator. Its prokinetic actions appears to be mediated by serotonergic receptors 5-HT4. It is used as an antiemetic drug because of its block effect to Dopaminergic D2 receptors. This dopaminergic activity causes its main adverse effect on central nervous system: extrapyramidal symptoms, mostly in children and elderlies.

Iatrogenic Acute Dyskinesias are treated with anticholinergic drugs such as Biperidene. With a first dose is enough in most cases, but if necessary, dose can be repeated every 30 minutes up to 20mg. Benzodiazepines can be also used in these cases: diluted Midazolam o Diazepam in slow perfusion.