

Macroglossia Revealing a Neuroleptic Malignant Syndrome: a Clinical Images

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Figure 1: Images showing macroglossia with a tongue laceration during muscle spasm attacks.

Image in medicine:

Neuroleptic malignant syndrome is a rare and potentially fatal side effect that can occur in response to treatment with antipsychotic drugs. It is characterized by four main symptoms: Impaired mental function, fever, muscle rigidity and autonomic dysfunction. We report the case of a 20-year-old patient, followed for psychosis, in whom a new therapeutic line was adapted 3 days ago: Largactil (chlorpromazine) and Haldol (Haloperidol), who presented to the maxillofacial emergency department with tongue laceration. Clinical examination revealed in an agitated, uncooperative tachycardic and apyretic patient, revealed a generalized muscular spasm associated with trismus attacks, causing tongue injuries due to the installed macroglossia. A biological assessment, including a blood count, coagulation test, with renal assessment, calcium level, albumin level and CPK (creatine phosphokinase) level, revealed a very high CPK level (CPK= 1727 UI/L), the diagnosis of neuroleptic malignant syndrome was suspected, the patient was initially admitted to

the operating room for wound suturing under general anaesthesia, and was then admitted intubated to the intensive care unit after interruption of neuroleptic treatment, he benefited from a continuous rehydration regimen and clinical and biological monitoring, the evolution was marked in 7 days by complete regression of macroglossia, cessation of muscle spasm attacks, wound healing and normalization of the biological assessment, the patient was transferred directly to the psychiatric unit for further management. When a diagnosis of neuroleptic malignant syndrome is suggested by the clinical history and semiological findings, the most critical strategy in therapeutic management is to discontinue the suspected pharmacological compound. There is little reason to delay discontinuation, even with regard to obtaining laboratory results for CPK or other indices: there is no need to delay discontinuation in order to seek confirmatory evidence in the context of a more suggestive clinical picture.

Key words: macroglossia; tongue injury; neuroleptic malignant syndrome

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