

PISA SYNDROME AFTER SWITCHING FROM OLANZAPINE TO ZIPRASIDONE

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Pleurothotonus is a rare side effect mostly induced by classic antipsychotic medication. It is characterized by dystonia with lateral flexion and slight rotation of the trunk to one and head to another side. The first description dates back to 1972 (Ekbom et al.). Pisa syndrome has been recently reported also in association with atypical antipsychotics as well as with cholinesterase inhibitors and antiemetics.

We describe the case of Pisa syndrome during ziprasidone treatment in young male suffering from schizophrenia simplex who was admitted to hospital because of exacerbation of his illness.

At the time of admission he was taking 15 mg olanzapine per day which was discontinued because of inefficacy and switched to ziprasidone. Ziprasidone was introduced and titrated according to good clinical practice up to daily dose of 160 mg per day divided in two doses. Six days after introduction of ziprasidone and two days after target daily dose was achieved, patient developed acute dystonia with left sided lean and backward rotation of the trunk as well as right side head rotation. After administration of biperiden amp a 5mg i.m. described symptoms receded, only to reappear couple of hours later. After that, ziprasidone was discontinued and biperiden was introduced for five following days via oral administration (2 mg per day), and the Pisa syndrome completely disappeared. Blood tests, electroencephalogram and computerized tomography of the brain revealed no abnormal findings. The patient finally achieved stable remission with long acting risperidone a 25mg administered once every two weeks i.m. without further side effects.

We can hypothesize that dopaminergic – cholinergic imbalance or serotonergic – noradrenergic dysfunction, here induced by ziprasidone might underlie clinical manifestations of acute dystonia as described above.