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PISA SYNDROME IN A PATIENT USING ZIPRASIDONE - A CASE REPORT

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Objective: Atypical antipsychotics are used in large scale in reason of their few side effects, as extrapyramidal symptoms. Despite of this safety they can cause severe dystonia as Pisa Syndrome.

This case brings an example of Pisa Syndrome induced by the use of Ziprasidone.

Methods: A thirty five year old female, diagnosed with Bipolar disorder was treated in a psychiatry ambulatory with lithium 1200mg and haloperidol 10mg. As the psychosis persisted it was necessary to change the antipsychotic and ziprasidone was chosen.

Three months after the introduction of ziprasidone, the patient began to present severe dystonia symptoms. In the occasion could be noticed sustained involuntary flexion of the body and head to one side as well as slight rotation of the trunk.

Results: In reason of the extrapyramidal symptoms, ziprasidone was suspended.

The case was treated with anticholinergic drugs. Prometazine and biperidene were tried but neither was effective.

Two months after the suspension of Ziprasidone the patient recovered completely and did not present any signs of dystonia.

Conclusions: Pisa Syndrome can be caused by atypical neuroleptics as ziprasidone.

The treatment is difficult and anticholinergics are not effective.

In some situations Pisa Syndrome can be definitive.

The use of atypical antipsychotics requires knowledgment and experience from the psychiatrist. The potential of atypical antipsychotics to cause extrapyramidal symptoms as Pisa Syndrome can not be forgotten.