WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

A RARE CASE OF DEEP VEIN THROMBOSIS INDUCED BY OLANZAPINE: A CASE REPORT

Dr. Shivangi Agarwal [1],Dr. Kasthuri Pandiyan[2],Dr. Niranjan Hebbar [3] , Dr. Nanditha[4], Dr. Abhishek[4], Dr. Kavya[5], Dr. Athishai[5], Dr. Supritha[5]

[1] Junior Resident,[2] Professor ,[3] Associate Professor,[4] Assistant Professor,[5] Senior Resident

Introduction:

Venous thromboembolism is a serious life-threatening condition. Manifestations of VTE include Deep Vein Thrombosis (DVT) and pulmonary embolism (PE). Risk factors include immobility, sedation, previous VTE, active disease (e.g. infection or cancer), smoking, trauma, advanced age, male gender, hyperprolactinemia, antiphospholipid antibodies, obesity and genetic traits such as the factor V Leiden mutation [1]. Antipsychotic drugs causes hypercoagulable state through: drug-induced sedation, obesity, hyperprolactinemia, increased platelet aggregation, and elevation of APA[2]. Here is a rare case report wherein patient who developed DVT after using olanzapine is presented.

Case report:

A 46-year-old female presented with complaints of suspiciousness , hearing of voices since 30 years which has increased since 4 months , since 5 months patient has sad mood, decreased interest to do activities of daily living, decreased interaction with others, death wishes, feeling like her body is empty, over religiosity and over talking, overspending, grandiose ideas since 3 months Past history of treatment for similar complaints in NIMHANS 30 years ago. Family history suggestive of psychosis in elder sister. Nil significant personal history and was premorbidly well adjusted. General physical examination & systemic examination within normal limits. On mental status examination; flight of ideas, delusion of persecution, delusion of nihilism, death wishes and 2nd person auditory hallucination, mood fluctuaton between elevated and depressed Haematological investigations were normal at admission. Endocrine pathology & organicity was ruled out. Diagnosis of schizoaffective disorder mixed type was made. On PANSS she scored 78, on HAM-D 25 and YMRS-30 She was treated pharmacologically with T.OLANZAPINE 5 mg was started and was increased to 20mg, one week later patient developed swelling of the left leg which started on the feet progressed to the thigh. so olanzapine was later tapped and stopped and cross titrated with T.HALOPERIDOL 2.5mg which is increased to 12.5mg ;T.THP 4mg; T.DIVALPROEX SODIUM 1250mg; surgery reference was given i.v.o swelling of Lower Limb, for which Doppler Of Lower Limb showed features of Deep Vein Thrombosis of Left Ext iliac vein for which patient was referred for higher centre for further emergency management and was put on inj CLEXANE S/C 60mg-0-40mg for 1 week Reported 70% improvement in 3 weeks.

Discussion:

The occurrence of VTE is 4 cases per 10 000 patients treated with antipsychotics[3]. The risk of VTE is the highest during the first 3 months after the initiation of antipsychotic treatment[3]. The overall risk from the use of antipsychotics is more than double, compared to their non-use. The highest risk group is patients treated with second-generation antipsychotics (SGA) compared to FGA[3] Administration of the injection form of antipsychotic is associated with a more than threefold higher risk of VTE[4].

Conclusion:

During olanzapine administration, patients need to be monitored for clinical signs of VTE, particularly when multiple risk factors are present[3]. They should consider metabolically gentle antipsychotics without marked sedation[4]. A psychiatrist should consult with specialists given the potentially fatal outcome of VTE i.e. pulmonary embolism[4].

REFERENCES:

1. Wagge IM, Gedde-Dahl-A. Pulmonary embolism possibly associated with olanzapine treatment. BMJ 2003; 327:1384.
2. Koga M, Nakayama K. Body weight gain induced by a newer antipsychotic agent. Acta Psychiatry Scand 2005, 112:75-6.

3. Masopust J, Malý R, Vališ M. Risk of venous thromboembolism during treatment with antipsychotic agents. Psychiatry Clin Neurosci. 2012 Dec;66(7):541-52. doi: 10.1111/pcn.12001. PMID: 23252920.

4. Fariborzifar A, Elyasi F, Azizi M. Sudden Increase of Antipsychotics and Induction of Deep Vein Thrombosis. Case Reports in Clinical Practice. 2020; 5(1):23-26.