Non-convulsive status epilepticus induced by oral phenytoin in a patient with progressive myoclonic epilepsy

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ABSTRACT A 16-year-old female patient with progressive myoclonic epilepsy developed non-convulsive status epilepticus after receiving oral phenytoin 0.15 g every 12 hours for one week. An EEG showed continuous spike-and-wave complexes in all leads. Seven weeks after that, the patient was admitted to our hospital, her phenytoin dosage was reduced to 0.05 g twice daily at once and then withdrawn 2 days later. At the same time, the patient was given sodium valproate 0.3 g every 8 hours; clonazepam 1 mg every 12 hours; levetiracetam 0.25 g every 12 hours. On day 3 of treatment, the patient’s myoclonic seizures disappeared. On day 6 of treatment, the EEG revealed sporadic spike-and-wave complexes and slow waves. Twelve days after admission, the patient’s condition was stable, and she was discharged.

KEY WORDS progressive myoclonic epilepsy; phenytoin; non-convulsive status epilepticus
Carbamazepine-induced hypersensitivity syndrome

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ABSTRACT A 59-year-old man developed a temporary skin rash on his lower limbs after taking carbamazepine 0.1 g 1-2 times daily for seven days for tinnitus. His rash disappeared after withdrawal of carbamazepine. Subsequently, he was hospitalised with worsening tinnitus and received oral carbamazepine 0.1 g twice daily and oral mecobalamin 1 mg thrice daily. On day 2 of admission, his temperature was 39.2 °C and, on day 3, he presented with a red maculopapular rash on his face, body, and both knees. Biochemical blood tests revealed the following values: ALT 359 U/L, AST 137 U/L, γ-GT 506 U/L, and LDH 273 U/L. Carbamazepine and mecobalamin was stopped. Methylprednisolone and anti-allergic therapy were given. Two days later, his temperature normalized and, five days later, rash and hepatic function improved gradually. On day 9 of admission, the patient had a fever again with a temperature of 38.1 °C. Later, his rash recurred and progressed to involve his entire body. Laboratory tests showed the following levels; WBC 13.78 × 10^9/L with eosinophils 0.113, ALT 187 U/L, AST 45 U/L, γ-GT 374 U/L, and LDH 239 U/L. Carbamazepine-induced hypersensitivity syndrome was diagnosed. Methylprednisolone and human immune globulin were given and his rash and hepatic function improved. On day 16 of admission, the rash reappeared on his lower extremities, and then resolved after administration of methylprednisolone and symptomatic treatment.

KEY WORDS carbamazepine, hypersensitivity syndrome

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