

ATYPICAL SYMPTOMS OF TRAMADOL WITHDRAWAL: A CASE REPORT

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Drug craving is one of the most typical symptoms reported in about 90% of subjects in treatment with tramadol. On the contrary, atypical symptoms, occurring in 10% of these patients, include unusual central nervous system (CNS) disorders, such as extreme anxiety, psychomotor agitation, aggressiveness, panic attacks, delirium, hallucinations and paranoia (Barsotti et al., 2003).

In March 2017, a 43-year-old patient with a diagnosis of psoriatic arthritis (compensated during last three years) was admitted to the Emergency Room (ER) of University Hospital "San Giovanni di Dio e Ruggi d'Aragona", Salerno (Italy), for diffuse erythema developed after injection of nonsteroidal anti-inflammatory drug, ketorolac. Furthermore, he showed an increasing state of psychomotor agitation associated with aggressiveness against ER staff.

Medical history revealed ketorolac self-administration the night before hospitalization instead of tramadol, which the patient was taking for about 3 weeks (dose and timing not provided), to attenuate chronic hip pain.

Toxicological and laboratory tests showed an increase of white blood cell count (19500 cells/mm³; normal range 4500-10000 cells/mm³) and blood alcohol concentration (1.15 g/l; normal range <0,50g /l), although patient reported to be an occasional drinker.

In the ER, the patient was treated with chlorpheniramine and methylprednisolone, delorazepam and promazine, because of severe psychotic agitation. He did not show dysperceptive phenomena and he had no history of psychiatric disorders. Because of persistent like-psychotic symptoms and to exclude an encephalitis, he was subjected to deep sedation to make a brain CT scan and lumbar puncture, which resulted both negatives. Once patient was hospitalized in medical division, unusual CNS symptoms decreased, cutaneous reaction disappeared and white blood cell count (13000 cells/mm³) back to the normal value. Based on these results, diagnosis of atypical symptoms related to tramadol withdrawal is the most conceivable medical hypothesis.

Although typical and atypical symptoms due to opioid withdrawal have been widely described, few cases of psychotic episodes associated with tramadol have been reported (Rajabizadeh et al., 2009; Knisely et al., 2002). Atypical symptoms could be related to catecholamine and serotonin receptor activation. Monitoring of spontaneous adverse drug reactions remains one of the most effective methods to empower tramadol information safety.

Barsotti et al. (2003). Am J Emerg Med. 21, 87–88.

Rajabizadeh et al. (2009). Addict Health. 1, 58-61.

Knisely et al. (2002). Drug Alcohol Depend. 68,15–22.

