

Ten-Year-Old Tongue Twists Tardive in Two Days: Withdrawal Emergent Syndrome in the Complex Child

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Introduction

- ❖ Withdrawal emergent syndrome (WES) is a subtype of tardive dyskinesia
- ❖ Seen on dose reduction or abrupt withdrawal of neuroleptics
- ❖ Often confused with other stereotypies in children

Review of Literature

- ❖ WES has variable presentation with more common movements involving the trunk, neck and extremities with cases resolving faster than tardive dyskinesia
- ❖ Systematic review shows 59% cases of WES and TD in pediatrics attributable to haloperidol
- ❖ Symptoms resolve over a few months following resumption of neuroleptics
- ❖ Treatment is either slow taper of offending medication or switch to atypical antipsychotic

Case Presentation

A 10-year-old boy in foster care with PTSD, ADHD, and reactive attachment disorder was transferred for surgical management of a swallowed magnet. After medical stabilization, his complicated social placement resulted in a prolonged hospital stay with many episodes of agitation related to his trauma. Upon admission, his home olanzapine and aripiprazole were changed to quetiapine with haloperidol as needed. As his behavior improved, his course was complicated by increasingly restless limbs, jerky movements of shoulders and neck, and perioral movements which interfered with speech and oral intake with an AIMS score increasing from 0 to 24 over 3 days. Notably, movements worsened following administration of quetiapine. A medication review revealed almost daily use of haloperidol until his behavior improved, suggesting withdrawal dyskinesias. A haloperidol challenge immediately resolved movements and he was placed on a long taper with a diagnosis of WES following withdrawal of haloperidol

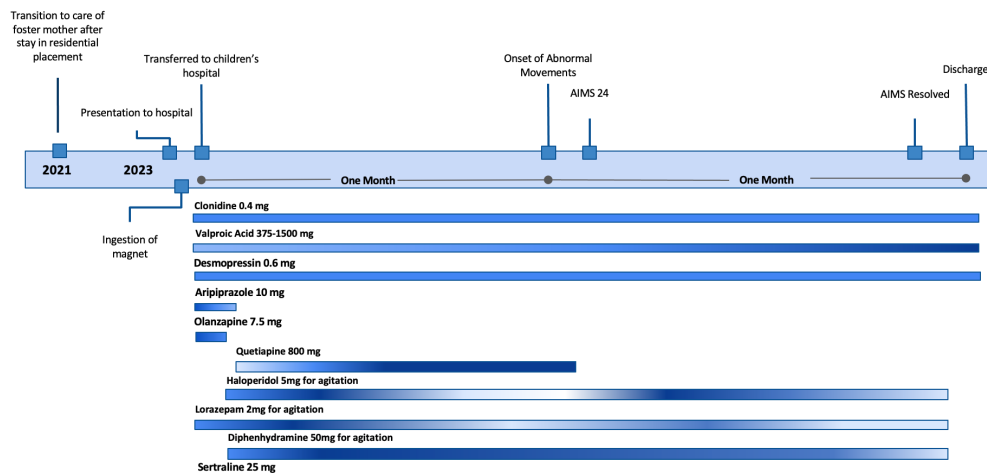


Fig. Timeline of inpatient medications over hospitalization stay, excluding haloperidol taper

Conclusions

- ❖ WES is poorly-studied in children and exact pathophysiology is not well-understood
- ❖ More research is necessary to understand ideal treatment
- ❖ Caution should be used when dose-adjusting chronic neuroleptics and physicians should monitor for signs of withdrawal dyskinesias

References

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