

## A CASE OF ISONIAZID-INDUCED DELIRIUM

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**Objective:** To report a case of isoniazid-induced delirium.

**Case summary:** A 56-year-old man affected by alcoholism and hepatic cirrhosis was admitted to hospital for a suspected pneumonia with pleural effusion and thickenings. A Mantoux skin test was positive. A core biopsy of the pleural nodules revealed a tubercular granulomatous pleuritis. An isoniazid, ethambutol and rifampicin therapy was then started. Subsequently the patient developed a state of delirium. A diagnostic work-up was carried out considering different hypothesis: hepatic encephalopathy was ruled out because of lack of response to appropriate treatment; negative encephalic CT scan, liquor examination and EEG excluded a tubercular involvement of the central nervous system or other neurologic etiologies. Haloperidol and delorazepam were administered under the suspicion of Wernicke-Korsakoff syndrome, without any benefit. Finally a toxic etiology was considered. Among isoniazid side effects psychosis is described, though rare. Isoniazid therapy was then stopped and substituted by moxifloxacin, with progressive improvement of the state of consciousness.

**Discussion:** Cases of isoniazid-related psychiatric disorders reported include psychosis, obsessive-compulsive disorder and mood alterations. Two mechanisms are generally considered as responsible: pyridoxin deficiency and isoniazid toxicity, a molecule chemically near to iproniazid, a powerful monoamineoxidase inhibitors. This is the first report of a case of isoniazid-induced pure delirium, with all clinical features according to DSM-IV criteria. We also confirmed successful resolutions of symptoms only by discontinuation of therapy.

**Conclusions:** In the work-up of a state of delirium, when investigating the toxic hypothesis, clinicians should consider neuro-psychiatric side effects of isoniazid.