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PLEURAL EFFUSION AS A COMPLICATION OF CLOZAPINE TREATMENT

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Introduction: Clozapine treatment has been recognized as a superior treatment in schizophrenia. Clozapine treatment has also be accompanied with several rare but severe adverse events, like neutropenia, agranulocytosis, myocarditis, pericarditis and polyperositis. We report a patient that suffers from hyperleucocytemia, eosinophilia and pleuritis, due to clozapine treatment, the adverse events disappeared after a switch to aripiprazole.

Objectives: To review the literature on reports on pleuritis and polyserositis in order searching for guidance in these clinical situation, like the need tot interrupt the medication, the prognosis and if rechallenges are reported. Another objective was to discover if something is known about the underlying mechanism.

Methods: To review the literature, we used the following terms: clozapine, treatment, immunological reaction, neutropenia, leucopenia, epicarditis, polyserositis, pleuritis, pleural effusion, underlying mechanisms, risk factors.

A literature search was performed in Pubmed® and Embase Psychiatry® in the period longing from 1972 till October 2010

Results: Risk factors as well as the underlying mechanisms offer no guidance for dealing with the clinical critical situations.

There are only a few reports on pleural effusion, there are some reports on pleural effusion in combination with epicarditis, there are some reports on polyserositis including pleural effusion.

No rechallenges are reported of clozapine on pleural effusion.

There is no information in the literature on the risk that a pleuritis will extend to other organs, like the heart and the liver, when continuing the clozapine treatment.

Conclusion: Hypotheses about the underlying mechanism will be presented. A program of additional diagnostics will be described