

IMIPRAMINE INDUCED ACUTE DYSTONIA IN A CHILD WITH ENURESIS NOCTURNA: A CASE REPORT

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Introduction: Enuresis Nocturna has a very high prevalence in the preschool population and the prevalence slowly reduces during childhood such that only 1-2% of adults continue to experience the problem. Imipramine which is a tricyclic antidepressant is widely used in treatment of nocturnal enuresis (1).

Case: B. L. 8-year-old boy was assessed in our outpatient clinic and he had severe torticollis. In history, he had been diagnosed as enuresis nocturna by a child psychiatrist and had given imipramine 10 mg/day for treatment. After three days initiating imipramine 10 mg/day, he had severe muscular spasm on his neck. He had no psychiatric and neurological history. Physical examination, vital signs, serum chemistries, blood counts were within normal limits. Biperiden 5 mg administered intramuscularly and after 45 minutes torticollis was resolved and he was referred to child psychiatry for the treatment of enuresis nocturna.

Discussion: In literature there are a few cases that are reporting imipramine induced dystonia. The mechanism of dystonia induced by imipramine is elusive but possibly involves complex interactions of dopamine, serotonin, acetylcholine and norepinephrine between cortical structures and basal ganglia (2). Since imipramine is administered widely in child population; the prescribers should be aware of this rare side effect.

References:

1. Järvelin MR. Nocturnal enuresis. *Acta Paediatr* 1999; 88: 589-91.
2. Gill HS, DeVane CL, Risch SC. Extrapyramidal symptoms associated with cyclic antidepressant treatment: a review of the literature and consolidating hypotheses. *J Clin Psychopharmacol* 1997;17(5):377-89.