

P-849 - RHABDOMYOLISIS WITH RENAL ACUTE FAILURE SECONDARY TO EXTREME PSYCHOMOTOR AGITATION IN A FEMALE PATIENT DIAGNOSED WITH BIPOLAR I DISORDER

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Objective: To report a case of a female patient, priorly diagnosed with bipolar I disorder, brought in our emergency department because of her risk taking behaviors probably from strong psychomotor agitation. On the third day of her admission to hospital she showed signs of fatigue, mild elevated body temperature, different grades of hematomas and complains of muscle pain, being tired, weak, powerless etc. On that day laboratory test revealed an increased Ck levels, AST, ALT, Creat.etc.

Case summary: T.R. an 49-year-old woman was admitted in our hospital on July 2011. She was brought from her familiars and police forces because of her dangerous behavior towards them in public. In hospital she showed bizarre behavior, leaded from her psychosis mainly with delusional thoughts refusing eating and drinking, she was dysphoric, hyperactive, with racing thoughts and lack of insight. All this time she used filthy words accusing her familiars, biting and kicking everyone. Results of biochemical tests of first day were normal;

On the third day she appeared tired, with somatic complains, especially of her lower extremities, myalgia, joint pain, general weakness, anuria, different grades hematomas over her body, body temperature of 37.8, blood pressure 125/80 mmHg, Fc 104/min. Laboratory tests that morning revealed CK=26 130 U/L,

Urea=281.3mg/dl, Creatinemia=11.44mg/dl, AST=962U/L, ALT=1258U/L, Amylase=157U/L.

This results were changing hourly. On this conditions nephrologists consultation was needed. A diagnosis of rhabdomyolysis with renal acute failure was suggested. Treatment therapy consisted first with generous quantities of intravenous fluids than dialysis. Gradually the patient recovered, with better test results.