

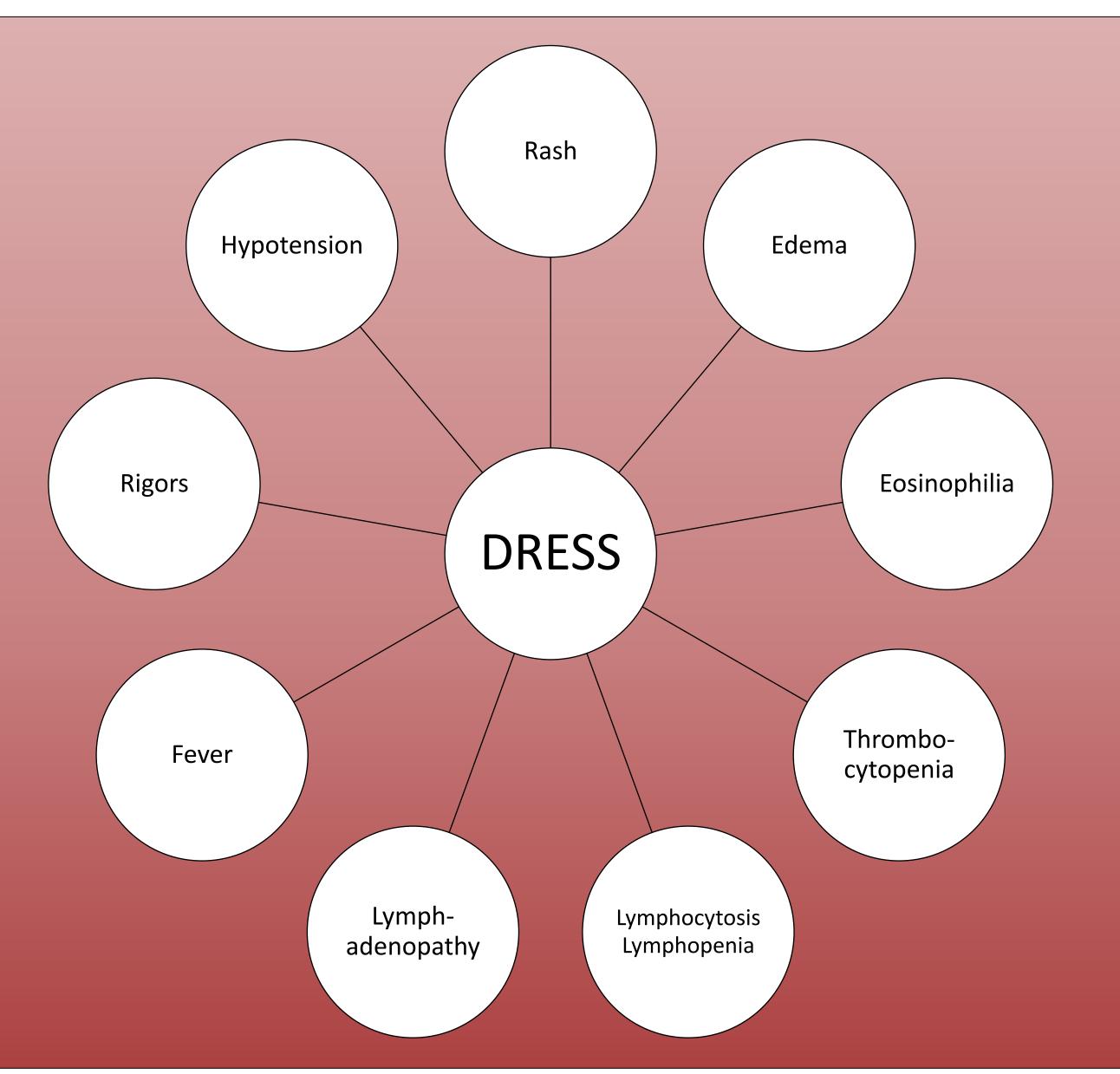
Running Out of Options: A Case of DRESS with Possible Neosensitization to Lurasidone in an Acutely Manic, Psychotic, and Catatonic Patient



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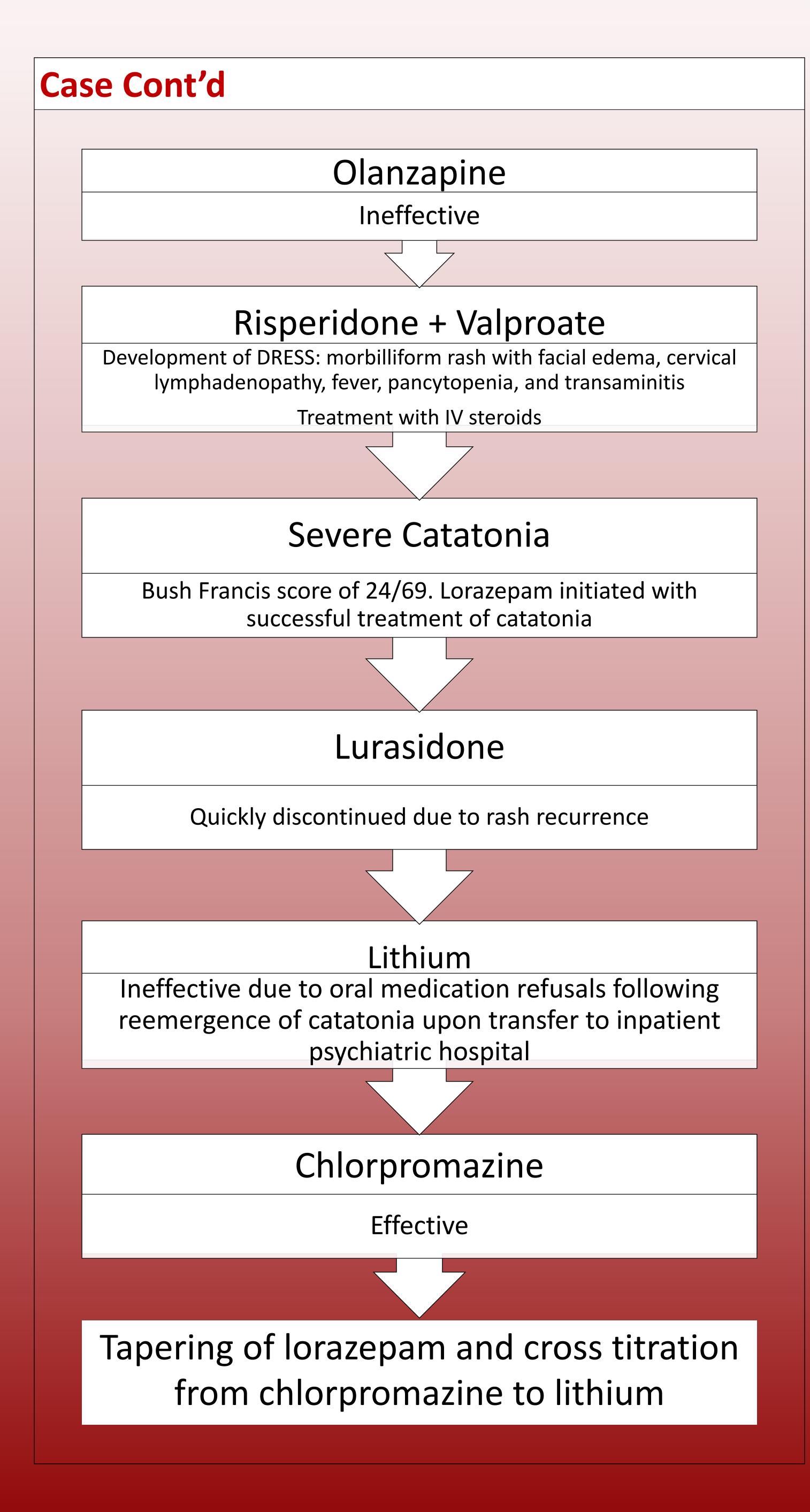
Background

- Drug reaction with eosinophilia and systemic symptoms (DRESS) is a serious and potentially fatal medication-induced hypersensitivity syndrome.
- Patients frequently develop cross-reactivity to other medications administered during or after an episode of DRESS (Issacs, 2018).
- We report a case of DRESS with possible neosensitization to lurasidone in an acutely manic and psychotic patient, further complicated by catatonia.



Case

Ms. Y, a 43-year-old woman with bipolar disorder, presented in acute mania with psychotic features.



Discussion

- Neosensitization is caused by massive nonspecific immune system activation which enhances antigen presentation and leads to decreased drug tolerance (Song, 2017).
- It may occur with medications given during the DRESS episode or medications structurally related to the initial offending agent.
- Complex decision-making was required in the management of this case.

Medication	Decision-Making
Lurasidone	Trialed but discontinued following reemergence of rash- presumed to be neosensitization
Olanzapine	Avoided due to prior drug failure
Lithium	Trialed but discontinued following consistent medication refusals and need for non-oral administration
Ziprasidone	Avoided due to atypical with highest reported incidence of DRESS
Haloperidol	Avoided after use as agitation PRN resulted in worsening of catatonia
Chlorpromazine	Trialed given limited limited options of medications with non-oral administration, minimal literature of involvement in DRESS, and decreased potential to worsen catatonia

Conclusion

 Risk of neosensitization should be considered when selecting new psychotropics following an episode of DRESS.

References

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- 3. Song JM, et. al. Neosensitization to Multiple Drugs Following Valproate-Induced Drug Reaction with Eosinophilia and Systemic Symptoms Syndrome. *Psychiatry Investig*. 2017;14(4):518-520. doi:10.4306/pi.2017.14.4.518