To the Editor:

The case report “A Forme Fruste Presentation of Neuroleptic Malignant Syndrome” describes a patient with a history of treatment-resistant schizophrenia who presents with cellulitis, fever, and an altered mental status 1 week after starting on paliperidone. After aggressive treatment of the cellulitis and deterioration of his mental status, lorazepam was instituted and neuroleptics were stopped with clinical improvement. The diagnosis of neuroleptic malignant syndrome (NMS) is not unreasonable and would seem to have been made partially based on a response to treatment with lorazepam. However, catatonia also responds to lorazepam, and catatonia can also present with fever. The response to lorazepam administration in psychosis is usually ascribed to sedation, but this writer has observed psychoses that might be described as atypical agriminated or retarded catatonia that have responded very rapidly to oral lorazepam. Subsequently, these patients often were determined to have a bipolar disorder. The apparent slow response to the patient in the case study might plead in favor of NMS, although as Sienaert et al. note, NMS is considered by some to be a drug-induced catatonia. This writer suggests (as does Sienaert et al.) that any patient presenting with a treatment-resistant psychosis or atypical psychosis be given a test treatment of lorazepam. A positive response as seen in psychotic thinking and not just sedation can be rapidly seen. This writer had a patient who presented with episodic but extremely acute agitated manic psychoses. Long-term control was obtained only when lorazepam was prescribed daily in addition to the patient’s other medication.

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REFERENCES

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