Metoclopramide Induced Extrapyramidal Reactions. Two Case Reports

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ABSTRACT

Introduction: Metoclopramide has been used as an anesthetic adjunct due to its prokinetic and antiemetic effects. Extrapyramidal side effects associated with it are not dose related. There have been infrequent reportings of EPS time and again but as such incidence is quite low in practice.

Case report: Two cases of extrapyramidal side effect development after a single injection metoclopramide in post-anesthesia care unit and in operation theatre. In both of the cases a diagnosis of metoclopramide induced extrapyramidal reactions was made due to a characteristic presentation of muscular rigidity, oculogyric crisis, infrequent limb movements.

Conclusion: Metoclopramide induces acute or chronic neurological side effects and its usage in general population should be restricted to some specific condition. The need of the hour is another alternative to metoclopramide and a thorough drug history of drug intake.

Keywords: Metoclopramide, Extrapyramidal Reactions

INTRODUCTION

Metoclopramide has long been used for prevention of PONV due to its prokinetic and antiemetic effects. A dose of 10 mg has been found to have no adverse effects, such as, extrapyramidal symptoms. There have been infrequent reportings of EPS time and again but as such incidence is quite low in practice.¹

We are reporting two cases of extrapyramidal side effect development after a single injection metoclopramide (10 mg) in post-anesthesia care unit and in operation theatre, in patients previously administered ondansetron.

One is a 32 year female presented for undiagnosed primary infertility in a private setting. Another is of 26 year female came for emergency caesarian section in SGT university, gurgaon.

CASE 1

A 32 years female presented in the obstetrics and gynaecology deptt of SGT University for undiagnosed primary infertility. After complete workup she was planned to be taken up for laparoscopic diagnosis of primary infertility. She had normal vitals and was afebrile (BP 116/74, PR 89/min). She had a normal built and weight was 67 kg, height 5 feet 4 inch. Vitals were stable (BP 128/74, PR 95/min). Following normal protocols, she was given inj ranitidine 50 mg and inj perinorm (metoclopramide) 10 mg I/V and shifted to the operation theatre after 5 minutes. All monitors (NIBP, pulse oximeter) attached. She was positioned in a left lateral position for spinal anaesthesia. Just when about to give anaesthesia, she complained of rigidity in her arms and legs, and had backward tilt of her head. Immediately she was made supine and oxygenation started, but the vitals were all stable. She was fully conscious and responding to commands. Her tongue was repeatedly protruding out. Pupils were normally reacting to light and had no visual problem. Fundoscopic examination was normal. She was immediately given inj midazolam 2 mg and the typical signs and symptoms resolved after about 7 minutes. Midazolam is easily available in OTs and hence was drug of choice for us.

CASE 2

A 26 year female patients presented in the obstetrics and gynaecology deptt of SGT university, Gurgaon, with active labour pain. She was G1P1 and had a history of previous abdominal surgery. Ultrasonography confirmed a breech presentation and hence immediate caesarian section was planned. She had a normal built and had weight of 76 kg, height 5 feet 1 inch. Vitals were stable (BP 128/74, PR 95/min). Following normal protocols, she was given inj ranitidine 50 mg and inj perinorm (metoclopramide) 10 mg I/V and shifted to the operation theatre after 5 minutes. All monitors (NIBP, pulse oximeter) attached. She was positioned in a left lateral position for spinal anaesthesia. Just when about to give anaesthesia, she complained of rigidity in her arms and legs, and had backward tilt of her head. Immediately she was made supine and oxygenation started, but the vitals were all stable. She was fully conscious and responding to commands. She had a bilaterally fixed upward gaze of pupils, which were reacting normally to light. She was in active labour, we could not wait much so immediately inj midazolam 2 mg given. Fetal heart rate monitoring was done. Luckily her symptoms resolved after 5 minutes and we planned for general anaesthesia. Inj propofol 100 mg along with halothane started and after loss of eyelash reflex inj scoline 100 mg given. Endotracheal intubation with ETT no. 7 done. Section performed and a normal, active

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Metoclopramide induces acute or chronic neurological side effects and its usage helps in diagnosis.

REFERENCES


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