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PERSISTENT LINGUAL DYSKINESIA AND PROTRUSION DUE TO CLOMIPRAMINE AND RISPERIDONE

KLOMİPRAMİN VE RİSPERİDON'A BAĞLI ISRARLI LİNGUAL DİSKİNEZİ VE PROTRÜZYON

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Tardive dyskinesia may develop with the long-term use of dopamine receptor blocker drugs such as antipsychotics. We herein report a case of persistent lingual dyskinesia and protrusion due to clomipramine and risperidone treatment.

A 41 year-old female patient presented to the psychiatry clinic with complaints of speaking difficulty and involuntary tongue movements (ITM). She was started on clomipramine 150 mg/day 13 years ago and added risperidone 1 mg/day 2 years ago treatment for obsessive compulsive disorder according to DSM-V. ITM and protrusion (Figure 1A-1B) was began 1 year ago. Therefore risperidone was discontinued. Despite ITM was not decrease. Diazepam, clonazepam, aripiprazole and clozapine was ineffective for ITM. She had no family history of movement disorder. Neurological and systemic examination was normal. Cranial magnetic resonance imaging (MRI) and quantitative electroencephalography (QEEG) were done. No paroxysmal activity was found in QEEG. Magnetic resonance imaging (MRI) was normal. Examination of eyes did not show Keyser-Fleisher rings. Based on these findings her condition was diagnosed as drug induced persistent lingual dyskinesia. ITM was decrease after tetrabenazine 25 mg/day treatment.

Lingual dyskinesia has been associated with the use of antipsychotic drugs such as haloperidol. Dopamine receptors sensitization should be considered improvement of tardive dyskinesia by antipsychotic drugs (Lykouras et al. 1999, Aia et al.

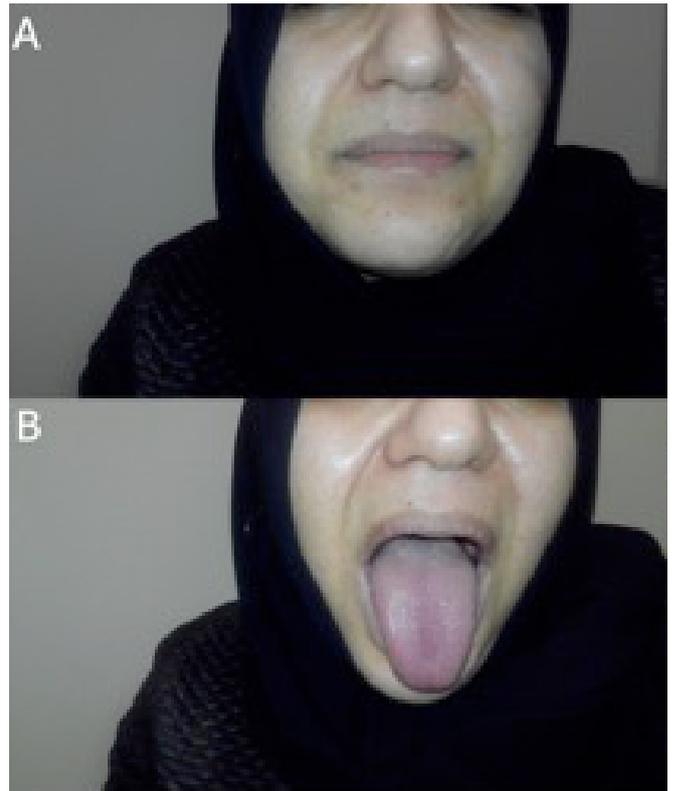


Figure 1: Clinical photograph showing tongue in the mouth (A) and involuntary protrusion (B).

2011). Dyskinesia may be local such as involuntary tongue movements and lingual protrusion (Aia et al. 2011). Clomipramine is a tricyclic antidepressant.

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No case reports lingual dyskinesia and tongue protrusion due to clomipramine in the literature. Very few case reports risperidone induced lingual dystonia (Sharma and Biswas 2012). In the our case ITM began less than one year after starting risperidone treatment. The association of risperidone with tardive dyskinesia is rare. However particularly in patients exposed to long-term neuroleptic treatment this possibility should not be neglected.

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