

Alimemazine

S

Various toxicities following Munchausen syndrome by proxy: case report

A 3-year-old boy developed limb tremors, dysarthria, ataxia, generalised tonic-clonic seizures (GTCS), fever and stupor following acute alimemazine toxicity [*route, dosage and time to reactions onsets not stated*] as Munchausen syndrome by proxy (MSBP). He also developed occipital fracture secondary to fall to the ground in a seizure.

The boy presented to the emergency department with neurological symptoms which included limb tremors, dysarthria, ataxia and GTCS. His mother stated that he had fluctuating symptoms since two weeks. He also had fever associated with a respiratory infectious process. After three days, he was discharged as he was asymptomatic. After three months, he again presented to the hospital as he experienced five episodes of GTCS along with fever. In the past 24 hours, he had experienced dysarthria, ataxia and limb loss. Laboratory tests revealed increased liver enzymes. Viral encephalitis was suspected.

The boy received treatment with aciclovir and valproate for seizures. The symptoms were persistent and fluctuating. But, he did not develop any more episodes of fever or seizures. On the seventh day, aciclovir was stopped leading to the reappearance of fever and seizures. He experienced an episode of stupor. He was admitted to the paediatric ICU. Gradually, his symptoms improved over a week. Subsequently, he was discharged. After getting discharged, he again developed repeated convulsions and fever. On the next presentation, he was obtunded and exhibited severe ataxia. He was unable to remain seated. Because the symptoms were fluctuating and the clinical picture was inconsistent, a possibility of poisoning in the child caused by his mother was suspected. On questioning, the mother informed that the boy had been receiving paracetamol and valproate. At their home, paracetamol, diclofenac, tramadol, diazepam, alprazolam, gabapentin, baclofen, enalapril, simvastatin and hydrochlorothiazide were found. A systematic toxicological analysis revealed the presence of alimemazine, acetaminophen, chlorphenamine and diphenhydramine. Following the finding of alimemazine in the urine, a gastric aspiration was conducted to find out the time of the last administration of the alimemazine. In an interview, the mother made contradictory statements based on which the case of MSBP was suspected. The mother stated that two years prior to the presentation, alimemazine was prescribed to the child for three days to regulate his sleep cycles. A chronic intoxication was suspected. A hair analysis check was ordered. The case was reported to the social services and the office of the children. The child was separated from the mother. Following the separation, his symptoms resolved completely and he was discharged.

Author comment: *"We report here a case of acute alimemazine toxicity and chronic administration of alimemazine, demonstrated by the presence of the drug in several biological samples in the context of a MSBP."*

Gomila I, et al. Alimemazine poisoning as evidence of Munchausen syndrome by proxy: A pediatric case report. *Forensic Science International* 266: e18-e22, Sep 2016. Available from: URL: <http://doi.org/10.1016/j.forsciint.2016.08.010> - Spain 803205468