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LETTER TO THE EDITOR

A case of Meige dystonia induced by short-term quetiapine treatment

Dear Editor

Quetiapine is an atypical neuroleptic drug with multiple neurotransmitter binding properties and fewer extrapyramidal side effects (EPS) than typical neuroleptics (Stahl, 1999). We now report a rare case of Meige dystonia induced by short-term quetiapine treatment.

Ms A, an 18-year-old woman, often refused to go to high school without any reason at the age of 17 years. She suddenly attempted to jump from the 12th floor of her apartment because of her persecutory delusions and/or delusions of reference on 10 February 2001. She was diagnosed with schizophrenia and was admitted to the emergency mental hospital on that day. She was treated with a daily dose of haloperidol 27 mg, chlorpromazine 550 mg and trihexyphenidyl 6 mg for 23 days. She was transferred to our hospital on 5 March 2001 because her parents were not satisfied with the treatment at the previous hospital. At the time of her admission, she exhibited extreme anxiety due to persecutory delusions. She was treated with a daily dose of quetiapine 300 mg and nitrazepam 10 mg. Her psychotic symptoms gradually improved. However, she complained of difficulty opening her eyes and she could only open her eyes intermittently 25 days after quetiapine treatment. She did not exhibit finger tremor, rigidity or any other signs of EPS but we suspected her symptoms as Meige syndrome with the nature of the acute dystonia. Biperiden (5 mg) injection completely abolished the difficulty in opening her eyes after 45 min. The serum prolactin level was elevated slightly (28.7 ng/ml: normal range 1.3–25.0 ng/ml). Concomitant administration of trihexyphenidyl 4 mg did not elicit the Meige dystonia again.

Meige dystonia induced by neuroleptics used to be late-onset and persistent (Burke *et al.*, 1982). However, Meige dystonia in this case would be a kind of acute dystonia because it appeared shortly after quetiapine treatment and was abolished completely after biperiden injection. Quetiapine might induce Meige dystonia due to its multiple neurotransmitter binding properties including dopamine-2 and alpha noradrenergic receptors (Nishikawa *et al.*, 1998). Furthermore, quetiapine-related tardive dyskinesia was reported recently (Ghelber and Belmaker, 1999; Ghaemi and Ko, 2001). Quetiapine should be used cautiously due to the risk of EPS, as is the case with other typical neuroleptics.

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