



Itraconazole Induced Psychosis: A Case Report

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Abstract

The purpose of this case report is to discuss the rare Itraconazole induced psychosis in a 65-year-old female patient. Itraconazole is an antifungal agent of triazole group and is used for the prophylaxis and treatment of invasive, chronic and allergic aspergillosis, mycoses, onychomycosis and vaginal candidiasis. Psychosis is a common presentation in Psychiatry OPD, but when it occurs following antifungal medication then it is a serious issue for Psychiatric as well as Dermatological point of view. This type of rare idiosyncratic reaction should be kept in mind by the clinician during prescribing antifungals like Itraconazole.

Keywords: Antifungal; Idiosyncratic; Drugs; Psychosis; Itraconazole

Introduction

Itraconazole is an antifungal agent of triazole group, used for the prophylaxis and treatment of invasive, chronic and allergic aspergillosis, mycoses, onychomycosis and vaginal candidiasis. The duration of therapy varies from a single day to lifelong treatment in many chronic and allergic cases [1]. Antifungals have many side effects but some rare psychiatric side effects are there also, for example, Voriconazole causes Musical Hallucinations [2]. Itraconazole rarely causes psychosis [3]. Psychosis is a common presentation in Psychiatry OPD, but when it occurs following antifungal medication then it is a serious issue for Psychiatric as well as Dermatological point of view.

Case Presentation

A 65 years old female from lower socioeconomic class, a homemaker was brought to LGBRIMH OPD with 7 days history of decrease sleep, irrelevant talk, wander some behavior, fearfulness, self talking, crying to self. She had a history of taking of Itraconazole (Cap Aferm 100 mg) (3 tablets) before the onset of symptoms due to itching problem in her left leg. According to the patient, she took that medication without any consultation from a physician. There was no significant past history of any medical and psychiatric illness, no history of substance abuse, no history of concurrent drug intake, no family history of psychiatric illness.

On physical examination, different systems were within normal limit. Blood pressure 140/93 mm of Hg, Pulse rate-78 beats per minute. CT scan Brain (Plain) - Normal Study, EEG - Normal Study.

Blood Investigations- RBS - 99 mg/dl, LFT - within normal limit, KFT - within normal limit, Sodium - 141 mmol/L, Potassium - 4.1 mmol/L, Lipid Profile-within normal limit.

On Mental Status Examination patient is alert and conscious. Rapport not established, increased psychomotor activity, speech coherent but irrelevant with anxious affect, thought and perception could not be elicited, further MSE could not be done. So the case was diagnosed as Acute and Transient Psychotic Disorders (F23) according to ICD 10. Subsequently, the patient was started on Tablet Olanzapine (5 mg) and tablet Lorazepam (2 mg) in divided doses, and after 1 month follow up there was an improvement of symptoms and currently, the patient is maintaining well on Olanzapine 5 mg, and Lorazepam 2 mg as required basis.

Discussion

In this paper the patient presented with irrelevant talk, wander some behavior, fearfulness, self-talking, crying to self, for 7 days with history of Itraconazole intake just before the onset of illness. Mohandas et al. [3] reported a case of a 36 years male presented with acute psychosis following 2nd course of pulse therapy of Itraconazole. Then he had admitted 3 times for his psychosis and was treated initially with Tablet Olanzapine and Tablet Quetiapine, later in the third admission with Tablet Clozapine [3]. A case report by Agrawal and Sherman [2] a 78-year-old man complains

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of auditory hallucination (can hear music) following Voriconazole which was acute in onset, after 3rd day of discontinuation of Voriconazole hearing of music stops [2].

So in this case where there is no family history of mental illness, no previous psychiatric illness, no significant abnormality in physical examination, no abnormality in CT scan and blood reports, and our opinion is that there is possibly contribution of Itraconazole in the development of psychosis in a vulnerable individual.

Also, Naranjo et al. [4] Adverse Drug Reaction Probability Scale was administered. This scale helps us to detect probability by identifying temporal association, drug administration, event occurrence, alternative causes. This adverse drug reaction scale divided into a definite, probable, possible, doubtful category. Scores are greater than equal to 9, 5-8, 1-4 and 0 respectively. Our score came as 6. So, according to us based on of clinical examination and reports mentioned, and scale applied reported case is diagnosed as Itraconazole Induced Psychosis (Probably).

Conclusion

This case shows one of the rare idiosyncratic reaction and psychiatric manifestations in a patient following Itraconazole dose.

So it is very important for clinicians during prescribing antifungal to keep in mind about the rare idiosyncratic reaction which may be a manifestation of psychiatric symptoms.

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