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Original Research Paper

Neurology

A CASE REPORT OF AN UNUSUAL MANIFESTATOIN OF ANABOLIC STEROID ABUSE (METHIADIONE)

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KEYWORDS :

Anabolic steroid abuse is known to produce thrombo embolic manifestations because of significant increase in protein C,Protein S,and activated fibrinolytic state well described {1} Prolonged abuse can produce thromboembolic manifestations like Acute MI , Acute stroke and DVT.Several adverse effects which involve Musculo skeletal, endocrine, liver,renal,pulmonary thromboembolism and hematological systems are known {2} Here we present a 25 yrs old male who is an abuser of Anabolic steroid Methiadione for the past 8 months for building up of Muscles and presented with severe pain in both lower limb muscles .His lower limb pulses were normal. There is preceding low grade fever for 2to 3 days. Neurologic examination and other systemic examinations are normal.His CPK is 1227 and other routine investigations are normal.The possibility of acute Myositis was considered and inj Methylprednisolone 1gm per day was started.Because of the common complication of thromboembolism CT angio of lungs and peripheral angio was done and found to be normal.Rheumatologist opinion was taken and considered the same diagnosis and advised to continue Methyl prednisolone. He showed good improvement in 4 days and his CPK came down to 399.On the 5th day he suddenly developed pain abdomen,hematuria and SOB.He developed tachy-cardia and tachypnea and his saturation has markedly came down.He was shifted to AMC and intubated. He developed continuous bleeding from nose,mouth and hematuria. Cardiologist consultation taken and 2 D ECHO was done and found to be normal except tachy cardiac. We sent for D DIMERS, LFT and RFT. His D DIMERS showed marked elevation up to 58732.LFT showed cholestasis. His Hb came down to 6.7 from 14 gms.

We considered the possibility of DIC which has resulted in continuous bleeding, shock and subsequent cardiac arrest. Transfusions and vasopressors were tried but couldn't be resuscitated.

Though we couldn't measure the serum drug levels ,the history Hepatic and haematological manifestations made us to think, of the diagnosis of Anabolic steroid abuse which is responsible for this manifestations.

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