



## 'A RARE CASE REPORT OF CYPROHEPTADINE POISONING'

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**ABSTRACT** Cyproheptadine poisoning is rare poisoning caused by excessive consumption of syrup. It is characterized by anticholinergic and anti serotonergic effects. The present case is 13 yr old male child who presented with psychosis like symptoms, detailed history revealed consumption of around half a bottle of cyproheptadine syrup. Based on the reliable history given by mother and presenting symptoms and clinical findings diagnosis of Cyproheptadine Overdose was made. Patient was observed and treated symptomatically until complete recovery.

**KEYWORDS :** Cyproheptadine, anticholinergic, antiserotonergic.

**INTRODUCTION:**

Cyproheptadine is a first generation H1 antihistaminic with anticholinergic and antiserotonergic effects. It is mainly used as appetite stimulant because of its orixogenic effect. Overdose is mainly presented with CNS symptoms. We describe a case of symptomatic Cyproheptadine overdose treated symptomatically with complete recovery.

**Patient Information:**

13 yr old male child presented with increased sleepiness followed by irritability, irrelevant speech, aggressive behavior, confusion. There was significant history of consumption of around 150 ml of cyproheptadine syrup 30min before symptoms started developing.

**Clinical Findings:**

Examination revealed patient was conscious, disoriented, confused, Tachycardia: 140beats/min, Spo2 :99%, BP 122/86 mm of Hg, pupils were equal mid-dilated reactive to light, there was no urine or stool retention or dry mouth, Remaining CNS examination was normal, Chest was clear on auscultation.

**Diagnostic Assessment:**

ECG revealed sinus tachycardia with ventricular rate of 138 beats/min. Laboratory evaluation including complete blood count, LFT and basic metabolic profile were within normal limits.

**Therapeutic Intervention:**

Patient was treated symptomatically and monitored until complete recovery after 48 hrs.

**DISCUSSION:**

Cyproheptadine is used commonly in colds with urticaria, migraine prophylaxis, serotonin syndrome and had a side effect of increased appetite, then later on was used as appetite stimulant. Until now there are only about 5-6 reported cases of cyproheptadine overdose.

Side effects are mainly due to anticholinergic actions and anti-serotonergic actions.

**REFERENCES:**

- 1) Remy DC, Raab AW, Rittle KE, et al. A comparison of the antiserotonin, antihistamine, and anticholinergic activity of cyproheptadine with analogues having furan nuclei fused to the 10,11-vinylene bridge. *J Med Chem.* 1977;20(6):836-8.
- 2) Blaustein BS, Gaeta TJ, Balentine JR, et al. Cyproheptadine-induced central anticholinergic syndrome in a child: a case report. *Pediatr Emerg Care.* 1995;11(4):235-7.
- 3) Chu FK. Review of the epidemiology and characteristics of intentional cyproheptadine overdose in Hong Kong. *Clinical toxicology.* 2011 Aug 1;49(7):681-3.
- 4) So KT. Acute anticholinergic poisoning in children. *Hong Kong Med J.* 2005 Dec;11(6):520-3.
- 5) Scott J, Pache D, Keane G, Buckle H, O'Brien N. Prolonged anticholinergic delirium following antihistamine overdose. *Australasian Psychiatry.* 2007 Jun;15(3):242-4.
- 6) McGovern T, McNamee J, Marcus S, Kashani J. When too much is enough: pediatric cyproheptadine overdose with confirmatory level. *Clinical Practice and Cases in Emergency Medicine.* 2017 Aug;1(3):205.