DISCUSSION

Our patient developed delirium after the abrupt discontinuation of heroin. We could not find any other reason for delirium. Opioids have been attributed to have both convulsant and anti-convulsant properties (8). In adults, recent heroin use may be a risk factor for the development of seizures (7). Complications such as convulsions and delirium are common in alcohol withdrawal. However, these are rarely seen in opioid withdrawal (5). In rats precipitation of opioid withdrawal has been shown to be associated with increased cerebral activity that is largely unobserved in opioid withdrawal (8). This is further supported by some of the studies reporting occurrence of seizures during opioid withdrawal have been reported (9-12). Infact, Mathoo et al (12) observed the prevalence of epileptic seizures to be unusually high (12.5%) in opioid abusers.

Delirium has been reported following rapid opioid detoxification with naltrexone and clonidine in patients dependent on opioids (13,14). A significant incidence of delirium (20%) resulted from the Rapid opioid detoxification (ROD) procedure in one of the study (13). Some reports have been related to intoxication delirium or delirium after a single dose of opioid (15-17). Sudden abstinence from opioids and use of an adulterated street variety could be a risk factor for delirium and seizures in this patient. Another factor could be concurrent use of other substances like alcohol, benzodiazepines which was denied by the patient and his caregivers.

CONCLUSIONS

There is dearth of literature on complicated opioid withdrawal. Since there was no other medical co morbidity or history of any other substance abuse in our patient, this case depicts rare features of opioid withdrawl. These uncommon withdrawal features can be due to presence of some street contaminants in the heroine or concurrent use of other substances like alcohol and benzodiazepines which was concealed by the patient. Opioid withdrawal can be complicated and life-threatening, in rare circumstances. Hence, one should be very careful while evaluating patients with opioid withdrawal.

REFERENCES