

When strokes and medications collide: unmasking stroke mimics and drug-induced movement disorders

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SUMMARY

Drug-induced movement disorders (DIMDs) occur when medications affect the dopamine system, leading to abnormal motor symptoms. Common drugs include antipsychotics and antiemetics. Symptoms are typically reversible upon stopping the medication, making early identification and treatment essential. **Case Presentation:** A middle-aged woman, diagnosed with right glomus tympanicum, underwent endoscopic and microscopic excision with ossiculoplasty. Post-operatively, she was treated with intravenous metoclopramide, which was increased to 30 mg daily, along with prochlorperazine and cinnarizine. On day-2, she developed hand tremors, which were not addressed, but by day-5, she experienced a near fall and was evaluated for stroke mimics. She was found to have a robotic gait, tremors, cogwheel rigidity, jaw stiffness, and anxiety. All her antiemetics were discontinued and replaced with Granisetron. Non-contrast brain computed tomography was reported as normal. After starting intravenous hydration and adding procyclidine, benzhexol, and clonazepam, her symptoms resolved, and she was discharged without rigidity. DIMDs can mimic conditions such as Parkinson's disease or stroke. Her post-op medications likely caused her symptoms. The resolution of symptoms after discontinuing the drugs underscores the importance of early recognition and intervention. Diagnosing DIMDs can be challenging, especially when multiple drugs are involved. DIMDs are common side effects of dopamine-blocking medications. Diagnosing the cause can be difficult, but discontinuing the offending medication is usually the most effective treatment.