**‘THE UNUSUAL FIT FOLLOWING SEROTONIN SYNDROME’**

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| **Introduction:**  Serotonin syndrome is a result from excessive serotonergic activity occurred through drug-drug interaction, therapeutic medication use or as a consequence of intentional overdose which usually present within 6 to 24 hours after ingestion of a serotonergic agent.  **Case:**  We describe a case of a 19 years old lady with underlying Major Depressive Disorder (MDD) presented to casualty for alleged ingestion of 42 tablets Sertraline 50mg due to acute stress reaction. Clinical manifestations like agitation, tremor, diaphoresis, ocular clonus, hyperthermia, tachycardia, hyperreflexia and myoclonus were shown. Considering the history of recent drug overdose within 24 hours together with clinical presentation, serotonin toxicity was suspected.  **Outcome:**  Patient was given intravenous crystalloids and kept for observation. Subsequently patient developed an episode of generalized tonic-clonic seizure lasted one minute which was aborted by intravenous Diazepam 10mg. Post seizure patient’s Glasgow Coma Scale (GCS) regained full. Patient successfully discharged after 2 days of hospital stay with no seizure recurrence.  Serotonin syndrome is a clinical diagnosis requiring high suspicion with a thorough history and physical examination. The Hunter criteria has high sensitivity and specificity in the diagnosis of serotonin syndrome. Management of serotonin toxicity is mainly supportive including discontinuation of serotonergic drug, intravenous fluids, oxygen, chemical sedation and vital signs monitoring. Cyproheptadine as antitode is rarely indicated unless supportive measures failed.  **Conclusion:**  Serotonin toxicity is a potentially life-threatening condition with varies prognosis depending on the types and dosage of serotonergic agent. Preventing serotonin syndrome requires careful monitoring of medication use as well as avoiding potential drug-drug interaction.  **Keywords:**  Serotonin syndrome |