

AB001. OP-1 Tardive dyskinesia seen after sleeve gastrectomy

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Abstract: Morbid obesity is a very common metabolic disease. Although there are many medical and surgical treatment methods for morbid obesity, sleeve gastrectomy has been used frequently in recent years as a surgical treatment option. Postoperative complications such as bleeding, abscess and leakage can be seen, but drug-related complications are very rare. Postoperative nausea and vomiting is a very common complication and metoclopramide is a frequently used drug in its treatment. Tardive dyskinesia is rarely seen due to metoclopramide. Tardive dyskinesia is an involuntary movement disorder in extremities and trunk, which is more common in the face area caused by iatrogenic factors. In the pathophysiology, prolongation of inhibition of receptors due to hypersensitivity of postsynaptic dopamine-2 (D2) receptors in the nigrostriatal pathway has been shown. Although many drugs have been accused in the etiology, metoclopramide, which is used as an antiemetic drug, can rarely cause dyskinetic movement disorder. Metoclopramide-related complication disappears no later than 24 hours after discontinuation of the drug. In this case report, we aimed to present a case of tardive dyskinesia due to metoclopramide use. A 16-year-old male patient who underwent sleeve gastrectomy in our clinic was given intravenous metoclopramide for the treatment of nausea at the 6th postoperative hour. Approximately 30 minutes after the administration of the drug, the patient's neck and back muscles extension, involuntary movements and expression of fear, meaningless mouth movements appeared. Although the patient was conscious, oriented and cooperative, he had tachycardia (pulse: 110/min), sweating (without fever) and tachypnea (respiratory rate >28/min). The patient's blood parameters and electrocardiography were normal. After intravenous medical treatment was discontinued, the

patient was administered Biperidene lactate (5 mg) and a dramatic regression was observed in his symptoms following drug infusion. Since symptoms developed following metoclopramide injection, the patient was discharged with cure for tardive dyskinesia. In this case report, we aimed to present a case of tardive dyskinesia due to metoclopramide which is commonly used in the treatment of nausea and vomiting after sleeve gastrectomy. Tardive dyskinesia is a rare complication that can be treated with Biperidene lactate, when recognized, and dramatically responds to treatment.

Keywords: Tardive dyskinesia; sleeve gastrectomy; metoclopramide; Biperidene lactate; obesity

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