

Letters to the Editor

Acute psychotic episode secondary to *Helicobacter pylori* eradication treatment

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Dear Editor,

The side effects of *Helicobacter pylori* (*H. pylori*) eradication treatment are few, usually in the form of gastrointestinal or allergic complaints (1). However, occasionally, some antibiotics such as clarithromycin, included in the classic eradication regimen, may result in reversible psychosis, a condition called “antibiomania” or “Hoigne syndrome” (2).

Case report

We report the case of a 57-year-old male with no history of psychiatric disorders or substance abuse, who was admitted for mild upper GI bleeding from a Forrest IIC duodenal ulcer. *H. pylori* eradication with pantoprazole, amoxicillin and clarithromycin was prescribed.

At 24 hours after admission he presented with self-limited withdrawal. At 36 hours he also had mistrust and self-reference ideas involving his caregivers (“They want to kill me”, “What am I doing here?”), and threw himself out of the window in his room in an attempt to escape from hospital, suffering multiple non-severe contusions. Brain CT and EEG were normal.

The Psychiatry Department substituted levofloxacin for clarithromycin, and added olanzapine, which resulted in complete remission at 48 hours. The sudden onset of the episode, characteristics and clinical improvement following clarithromycin discontinuation supported a diagnosis of acute psychotic episode secondary to clarithromycin.

Discussion

Antibiomania is a syndrome characterized by confusion, insomnia, mania and/or hallucinations that develops at 24-72 hours after antibiotic therapy onset, and subsides within 72 hours after antibiotic discontinuation (1). Its pathophysiology remains unknown and is likely multifactorial (3); cases have been described with clarithromycin both as monotherapy (3) and in combination with other drugs (4,5) (Table I). Awareness is crucial regarding this complication, which is uncommon but potentially serious.

Rubén Fernández-Martos, Aurora Burgos-García
and Consuelo Froilán-Torres

Department of Digestive Diseases. Hospital Universitario
La Paz. Madrid, Spain

Table I. Summary of clarithromycin-related antibiomania cases thus far described

<i>Indication</i>	<i>Other drugs</i>	<i>Patient</i>	<i>Author</i>	
Infection with <i>H. pylori</i>	PPIs and other antibiotics	Female, 49 yrs	Dinca, 2015	
		Female, 51 yrs	Feng, 2013	
		Male, 49 yrs	Shah, 2012	
		Male, 42 yrs	Lassnig, 2010	
		Male, 94 yrs	Htut, 2006	
		Female, 65 yrs	Ortiz-Domínguez, 2004	
		Female, 55 yrs	Neff, 2002	
		Female, 49 yrs	Gómez-Gil, 1999	
		Female, 50 yrs	Gómez-Gil, 1999	
			Anesthetics	Male, 18 yrs
Respiratory infection	Fluoxetine	Male, 53 yrs	Pollak, 1995	
	Paroxetine	Female, 36 yrs	Jaber, 2006	
	Prednisone	Male, 78 yrs	Liu, 2014	
	Prednisone	Female, 52 yrs	Abbouesh, 1998	
	Antiretroviral drugs	Male, 58 yrs	Prime, 2001	
	Antiretroviral drugs	Male, 21 yrs	Nightingale, 1995	
			Male, 33 yrs	Nightingale, 1995
	Carbamazepine	Male, 50 yrs	Yasuji, 1997	
			Male, 50 yrs	Yasuji, 1997
			Female, 51 yrs	Yasuji, 1997
			Female, 66 yrs	Yasuji, 1997
			Female, 63 yrs	Yasuji, 1997
			Female, 65 yrs	Yasuji, 1997
			Female, 65 yrs	Yasuji, 1997
		Carbamazepine	Male, 3 yrs	Gelisse, 2007
			Male, 66 yrs	Gelisse, 2007
			Male, 23 yrs	Gelisse, 2007
		Other antibiotics	Male, 48 yrs	Jacob, 2014
			Female, 63 yrs	De Vera, 2006
			Male, 77 yrs	Cone, 1996
	Monotherapy	Male, 53 yrs	Kouvelou, 2008	
		Male, 87 yrs	Ozsoviar, 2007	
		Female, 67 yrs	Brooks, 2005	
		Female, 32 yrs	Jiménez-Pulido, 2002	
		Female, 52 yrs	Warner, 2000	
		Male, 30 yrs	Mermelstein, 1998	
		Male, 63 yrs	Mermelstein, 1998	
Dermatological infection	Monotherapy	Female, 37 yrs	Rallis, 2009	

Treatment indication, concomitant drugs, patient characteristics and author are included.

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