Metronidazole Encephalopathy

G Sriranga Lakshmi *

Sir,

Thank you for bringing the CME "Metronidazole encephalopathy" to our attention. The content and illustrations are very informative. I have previously seen a similar case of metronidazole toxicity presenting with seizures, ataxia, and sensory neuropathy. It was published in the Indian Journal of Pharmacology May-June issue this year in the 'Drug Watch' section. All the findings resolved on discontinuation of the drug, though neuropathy took 1-2 months to completely resolve.

In the majority of cases, metronidazole encephalopathy reported is due to overdose of the drug. It can occur with less dosage also. 

References


Reply from Author

Man Mohan Mehndiratta *

Sir,

I read with interest the pictorial CME "metronidazole encephalopathy", published in JAPI, July 2013 issue sent by MM Mehendiratta et al. The illustrations and the content are extremely good. I had come across a similar case of metronidazole toxicity presenting with seizures, encephalopathy, and sensory neuropathy, the details of which are published in the Indian J of Pharmacology May-June issue this year under ‘Drug Watch’. All the findings resolved on discontinuation of the drug, though neuropathy took 1-2 months time to disappear completely.

The problem of drug toxicity with metronidazole seems to be more frequent than expected considering the wide usage of the drug by different specialists. In addition to the magnetic resonance imaging findings in various cerebral structures described by the author, ‘Boomerang sign’ is also mentioned in relation to metronidazole toxicity. It is a characteristic T2- and flair inverted ‘U’ shaped hyperintense signal in the splenium of corpus callosum, which is an observation very non-specific but common to many other drug toxicities.

References


