

# The use of CytoSorb in a patient with acute quetiapine intoxication: a case report



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## Background

Quetiapine is an atypical antipsychotic medication used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder. In an overdose, it is potentially fatal. The management of quetiapine intoxication is principally supportive, there is no specific antidote available. In this case CytoSorb was used as an adjuvant therapy for drug removal.

## Case Presentation

A 49-years-old woman with a medical history of personality disorder was admitted to the emergency department after ingestion of 400 mg of quetiapine in a suicide attempt. At the admission she was intubated, sedated and transferred to our ICU department. Despite continuous infusion of benzodiazepines, episodes of epileptic-like facial muscle clonias lasting a few seconds have been reported. Serious ECG for initial long QT from quetiapine intoxication were performed. Due to unstable hemodynamics, she was supported with 4 ampoules in 50 cc of physiological saline at 2 ml/h for the first 12 hours. We decided to perform hemoperfusion in order to rapidly reduce plasma quetiapine concentrations, so we performed 3 CytoSorb treatment in combination with a continuous renal replacement therapy (CRRT- PRISMAFLEX ST 150 - BAXTER) for a total of 72 h.

## Results

After supportive therapy with CytoSorb she was successful extubate; there was hemodynamic stabilisation, absence of epileptogenic clonias and normalization of QTc values (figure 1). After few days she was discharged from the hospital.

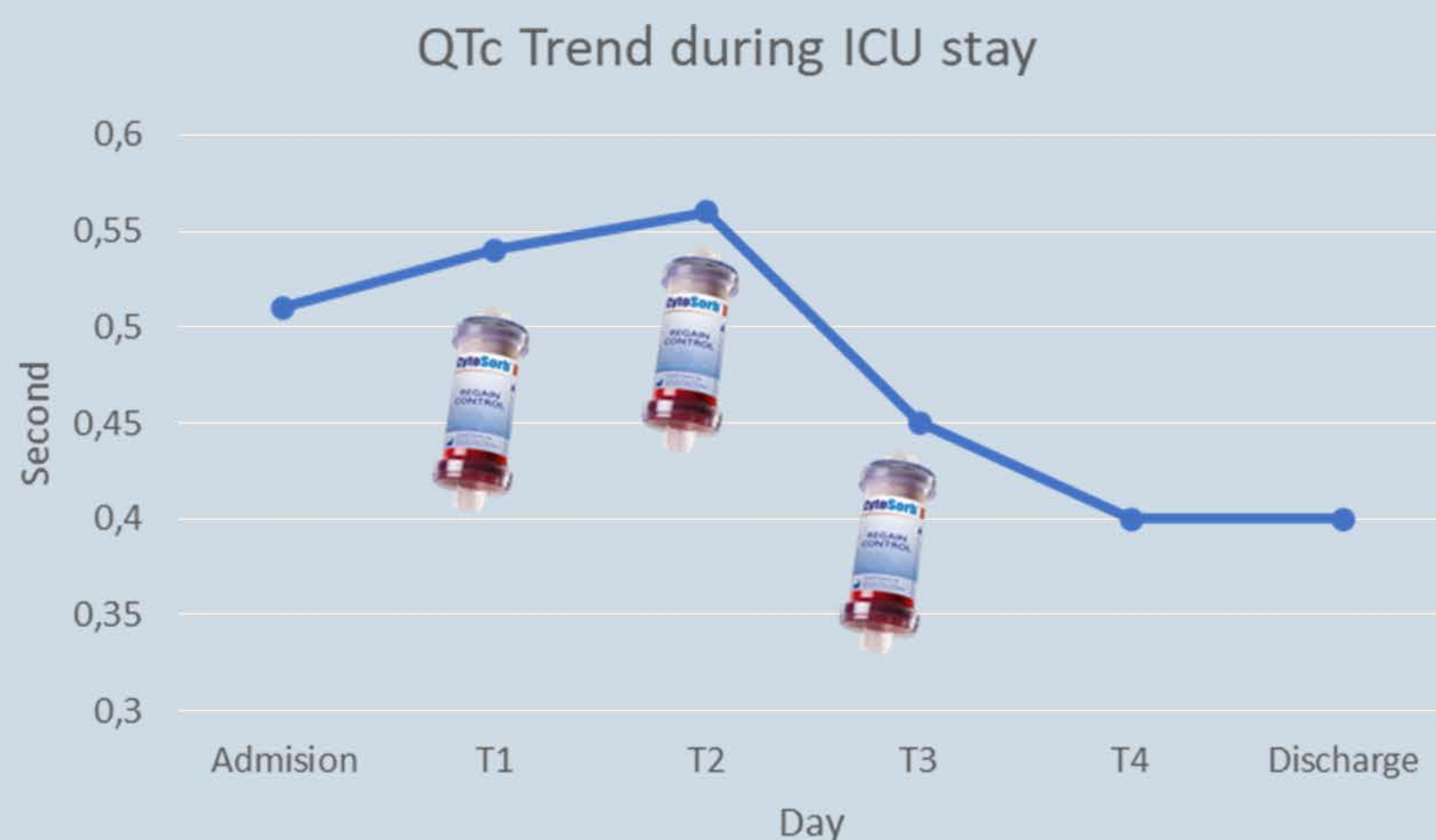


Figure 1: QTc trend during ICU stay

## Conclusion

In this case the use of CytoSorb resulted in a rapid improvement in clinical, neurological and cardiological condition due to the effective removal of the severe quetiapine overdose. The patient emerged from the condition of toxicity and returned to the status quo ante of chronicity.