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Acute and Chronic complications of Lithium Toxicity: A Case Report

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Case Study: Objective: To present a case of Lithium toxicity with acute and chronic complications who responded well with treatment

Case: A 54 -year old male with bipolar disorder for 10 years maintained on Lithium 1 g /tab and Quetiapine 350 mg/tab daily, presented with loss of appetite, tremors and behavioral changes. Lithium toxicity was highly suspected since he had previous history in Bahrain and advised other mood stabilizers but claimed that it did not work hence he reverted back to lithium. Work up showed elevated lithium levels at 4.39 meq/L, low anion gap metabolic acidosis, elevated creatinine level but normal electrolytes. MRI and MRA of the brain showed no evidence of acute infarct while EEG showed mild to moderate encephalopathy of varied and non-specific etiology. The patient underwent 2 consecutive hemodialysis sessions and lithium levels were monitored serially to avoid rebound. On the 3rd hospital day, lithium level normalized but patient developed hypernatremia and polyuria and managed as nephrogenic diabetes insipidus. Volume resuscitation, with IV fluids and water flushes, and desmopressin were given. Patient also developed hyperparathyroidism with hypercalcemia (Intact PTH 518.27 and ionized calcium level 1.46) hence started on cinacalcet. Supportive care though fluid replacement and correction of associated electrolyte imbalances were continued and clinical improvement were noted. On the 7th hospital day, serum sodium (144), calcium (1.27) and lithium levels (0.42) were all normal while intact PTH remains to be slightly elevated. Patient was already cooperative, oriented and stable thus transferred to neuropsychiatry ward and eventually discharged stable and improved. Lithium was not resumed, instead, patient was maintained on divalproex sodium and risperidone in which he had good response.