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LETTER TO EDITOR

DOTHIEPIN DEPENDENCE SYNDROME

Sir,

Clinicians have depended on antidepressants for years in the management of depressive disorders. Drug abuse involving antidepressants is not common, most of them involve agents with amphetamine like properties, including amineptine and tranylcypromine.1 Aminetpine dependence and tianeptine abuse has been well documented.2 No case report related to dothiepin abuse has been documented till date. Herein we report on a case of dothiepin dependence.

A 56 year old female higher secondary school teacher was brought to medical emergency with the symptoms of nausea, abdominal distress, marked apprehension, bodyaches, weakness, tremulousness, cold feeling, vertigo, insomnia, restlessness, difficulty in controlling urination, left arm twitching and hand spreading, headache and paresthesias for one day. She was diagnosed to have dysthymia 5 years ago and was prescribed dothiepin 75 mg daily. During initial 2 months of the treatment, she had shown significant improvement in this disorder. The maximum dose prescribed was 150 mg per day. In the next 6 month she herself increased the dose to 300 mg. But craving for this drug continued. She had been taking a maximum dose of 450 mg for last 1 year without the knowledge of her clinician or family members.

At the time of examination in medical emergency her general physical and systemic examination as well as all investigations including haemogram, serum electrolytes, renal, liver and thyroid function tests, cerebrospinal fluid examination and magnetic resonance imaging (Brain) revealed no organicy, hence psychiatric consultation was sought. Her past and family history had no medical or psychiatric disorder. On detailed psychiatric evaluation it was found that she had been abstinent from dothiepin for last 24 hours. She fulfilled all the dependence syndrome criteria,3 and with this diagnosis, was prescribed sertraline 100mg, clonazepam 3 mg, and psychological interventions including psychoeducation, Jacobson progressive muscle relaxation and motivation enhancement therapy sessions. On the adverse drug reaction probability scale, the score was 6.4 She came for regular follow-up thrice a week. Within first week she reported improvement in her symptomatology. Her sleep improved and tremulousness as well as somatic problems were diminished, and craving for dothiepin was less. In the next three weeks her sadness of mood and other depressive phenomenology also improved and she again started going to her school.

In this case report patient had presented with variable symptoms and on detailed evaluation all systemic disorders were ruled out. There was a temporal association of these withdrawal symptoms with dothiepin use. Ours is the first observation of dothiepin dependence and its abuse. Though the patient fulfilled the WHO criteria for drug dependence,5 however being an isolated case it needs further scrutinization in a large cohort of patients receiving dothiepin.

Dependence syndrome with Dothiepin is clinically relevant as it can be misdiagnosed with a medical disorder and may result in inappropriate treatment. Clinicians must judiciously use dothiepin in maintenance therapy as an antidepressant. Though it is reported that antidepressants are not substances of abuse and dependence,6 our report highlights need for more research in this aspect.

Gurvinder Pal Singh, Paramleen Kaur, Shalini Bhatia
Dept. of Psychiatry, Govt. Medical College and Hospital, H. No.1202, Sector 32-B, Chandigarh-160030, India. E-mail: gpsluthra@hotmail.com

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EPIDIDYMAL TUBERCULOSIS WITH ELEVATED ONCOFETAL MARKER

Sir,

Tubercular epididyimo-orchitis usually presents as an acute episode with generalized involvement of the epididymis and the testis. It is often difficult to arrive at a preoperative diagnosis of tuberculosis in a scrotal mass. We encountered a case where elevated beta-hCG levels further confounded the diagnosis and this association merits further study.

A seventeen-year-old boy presented with a painless scrotal swelling of two months duration. Examination revealed a 3 x 2 cm hard mass arising from the lower pole of right testis and epididymis. The mass was non-tender and painless scrotal swelling of two months duration. Examination revealed a 3 x 2 cm hard mass arising from the lower pole of right testis and epididymis. The mass was non-tender and painless. In the next three weeks her sadness of mood and other depressive phenomenology also improved and she again started going to her school.

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Dept. of Psychiatry, Govt. Medical College and Hospital, H. No.1202, Sector 32-B, Chandigarh-160030, India. E-mail: gpsluthra@hotmail.com

REFERENCES

areas of necrosis, multiple epitheloid and giant cell granulomas and diffuse lymphocytic infiltration consistent with tuberculosis. Step sections of the testis were normal. Three weeks following the surgery, repeat beta-hCG was normal (0.3 mIU/ml). Urine examination for acid-fast bacilli (AFB) and polymerase chain reaction for AFB were negative. The patient was started on four-drug anti-tubercular therapy.

Epididymal involvement in tuberculosis is through primary hematogenous spread to the globus minor which has a rich vascular supply. Diagnosis is based on the presentation and isolation of bacteria in the morning urine specimen or culture of material from discharging sinuses. However, a pre-operative diagnosis can often not be made necessitating an inguinal orchidectomy with the suspicion of a testicular tumor.

Beta-hCG is usually undetectable in normal adult men and elevated serum levels in any form of tuberculosis have not been reported. Affronti and DeBlaker demonstrated an association between mycobacterium tuberculosis and hCG in 1986. They noticed the production of hCG like substances in aerobic bacteria both tumor and non-tumor origin. Microbios 1986;48:173-82.

SEROPREVALENCE OF HIV, HBV, HCV AND SYPHILIS IN VOLUNTARY BLOOD DONORS

Sir,

Screening of blood is now mandatory for many diseases and is undertaken routinely in blood banks. Many studies have been done on human immunodeficiency virus (HIV), syphilis, Australia antigen (HBsAg), hepatitis C virus (HCV) separally, but the knowledge about the interrelationship between these transfusion transmitted diseases (TTD’s) is limited, the present study was undertaken to find out the prevalence and correlation between various infectious markers in healthy blood donors.

A total of 44064 blood units collected in department of transfusion medicine, Dayanand Medical College & Hospital, Ludhiana, during the period of January 2001 to October 2003 were studied. No professional or honorary donor was bled. Screening of all the blood units for anti HIV-1/2, HBsAg, anti HBC, anti HCV & syphilis was done by a fully Automated Microplate Elisa Processor (ARIO model) from SEAC RADIM group using commercially available kits. Any serum found reactive by the first assay was retested using a second assay based on a different antigen preparation and/or different test principle. HIV seropositivity was seen to be 37/44064 (0.084%) and few of these were also confirmed by western blot test. HBsAg seropositivity was 290/44064 (0.66%), anti HBC positivity was 49/44064 (0.11%), anti HCV positivity was found to be 483/44064 (1.09%) and syphilis positivity was found to be 373/44064 (0.85%) as shown in Table 1. Also a definite correlation between positivity of HIV & syphilis was observed, but no correlation was seen between HIV and HBsAg/anti HBC/ anti HCV positivity. The positivity of anti HBC was found to be more than positivity of HBsAg 1% for HIV, 2% for HCV and 4.5% for syphilis. So, taking into consideration rising prevalence of these infectious markers, a routine screening of all the donated blood units for anti HIV-1/2, HBsAg, anti HBC, anti HCV and syphilis should be done, which will assist blood transfusion services in improving blood product safety and donor recalls.

Nalini Gupta, Vijay Kumar, Amajit Kaur
Dr. Nalini Gupta, House no- 2953, Sector 37-C, Chandigarh-160023, India.
E-mail: nalini203@rediffmail.com

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2. Patil AV, Pawar S D, Pratinidhi A K: Study of

Table no 1 showing the incidence a percentage of various infectious disease markers in healthy blood donors

<table>
<thead>
<tr>
<th>Year</th>
<th>Total units bled</th>
<th>HBsAg positive</th>
<th>Anti HBC positive</th>
<th>Anti HCV positive</th>
<th>HIV ½ positive</th>
<th>VDRL positive</th>
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<tr>
<td>2001</td>
<td>15042</td>
<td>159</td>
<td>40</td>
<td>224</td>
<td>13</td>
<td>120</td>
</tr>
<tr>
<td>2002</td>
<td>13830</td>
<td>85</td>
<td>08</td>
<td>161</td>
<td>16</td>
<td>154</td>
</tr>
<tr>
<td>2003</td>
<td>15192</td>
<td>46</td>
<td>01</td>
<td>98</td>
<td>08</td>
<td>99</td>
</tr>
<tr>
<td>Total</td>
<td>44064</td>
<td>290/0.66%</td>
<td>48/0.11%</td>
<td>483/1.09%</td>
<td>370/0.84%</td>
<td>373/0.85%</td>
</tr>
</tbody>
</table>

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