Meige Syndrome during treatment with Quetiapine and Olanzapine: Case Report

M. Lázaro¹, L. Gil¹, A. Aleixo¹, I. Coelho¹, F. Bacelar¹, M. Almeida², A. Nobre¹
¹ Centro Hospitalar Psiquiátrico de Lisboa
² Centro Hospitalar Lisboa Central – Hospital de Santo António dos Capuchos

Case Report

A 79 years-old female patient, diagnosed with bipolar disease, dementia, and comorbid medical conditions, has developed serious behavioural symptoms, that compromised her safety.

Discussion

- **Meige syndrome** is a form of blepharospasm accompanied by oromandibular dystonia with manifestations over the face, jaw and neck [1].
- The syndrome is especially distressing due to bilateral involvement of orbicularis muscles resulting in difficulty in opening eyes [2].
- Although the causes of this syndrome are unknown, it has been reported to be induced by dopamine agonists or antagonists. Cerebellar degeneration, basal ganglia dysfunction, and focal lesions like brain tumours are very uncommon causes [3].

  - Atypical antipsychotics have less extrapyramidal effects [1], but there are a few case reports of Meige syndrome related to treatment with quetiapine and olanzapine. [4]
  - Meige syndrome has been reported to improve when the offending antipsychotics are discontinued [3].
  - A significant number of oral medications have been used to treat Meige syndrome, including anticholinergics, benzodiazepine, levodopa, dopamine receptor blocker, gamma-aminobutyric acid B receptor agonist, typical antipsychotics and atypical antipsychotics like clozapine. [5]

Risk Factors [1]

Long-term therapy with antipsychotics
Diabetes Mellitus
Affective disorder
Female gender
Extrapyramidal symptoms history

Conclusion

This case report shows that atypical antipsychotics may also cause Meige syndrome. Close monitoring of patients and early warning to the patient and family is warranted.

Although a significant number of oral medications have been used to treat Meige’s syndrome patients, the clinical response is modest at best and blepharospasm responds better than oromandibular dystonia to medical therapy [5].

The authors have no conflict of interests to declare

Bibliography