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SUCCESSFUL MANAGEMENT OF NEUROLEPTIC MALIGNANT SYNDROME AND PSYCHOTIC SYMPTOMS WITH ARIPIPRAZOLE IN A FIRST-EPISODE PSYCHOSIS: A CASE REPORT

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) is a rare but potentially life-threatening complication of antipsychotic treatment. Although typically characterized by hyperthermia, severe rigidity, elevated creatine kinase (CK), and autonomic instability, atypical presentations have been increasingly reported with second-generation antipsychotics. Management is particularly challenging when psychotic symptoms persist after discontinuation of antipsychotics. We report a patient with first-episode psychosis who developed atypical NMS following short-term antipsychotic exposure and was successfully treated with aripiprazole.

CASE: Written informed consent was obtained from the patient. A 23-year-old male with no psychiatric history presented with persecutory delusions, grandiosity, and auditory hallucinations. Zuclopenthixol acetate 50 mg IM was administered, and olanzapine 10 mg/day was initiated. During follow-up, he developed subfebrile fever, mild rigidity with cogwheel phenomenon, tachycardia (114/min), blood pressure elevation (142/75 mmHg), and elevated CK (2,348 U/L), AST (138 U/L), and ALT (210 U/L). Based on these findings and recent antipsychotic exposure, atypical NMS was diagnosed. Antipsychotics were discontinued, and hydration plus bromocriptine were initiated. As psychotic symptoms worsened, aripiprazole was cautiously introduced at 2.5 mg/day and titrated to 20 mg/day. CK levels normalized, and both NMS findings and psychotic symptoms markedly improved.

DISCUSSION: NMS has been reported with both first- and second-generation antipsychotics. Reintroduction of antipsychotics after NMS is clinically challenging due to recurrence risk. Aripiprazole, a D2 partial agonist, may modulate rather than profoundly block dopaminergic transmission. Although aripiprazole-associated NMS has been described, reports of its successful use following NMS remain limited. In this case, aripiprazole was associated with resolution of NMS manifestations and improvement of persistent psychosis. This case adds to the limited literature suggesting that aripiprazole may represent a viable therapeutic option in carefully selected patients when ongoing psychotic symptoms necessitate antipsychotic treatment. Careful titration and strict clinical monitoring remain essential to minimize recurrence risk.

Keywords: Aripiprazole, dopamine partial agonism, first-episode psychosis, neuroleptic malignant syndrome