Clinical Reminders

Myoclonus and delirium associated with ciprofloxacin

An 85-year-old man was admitted with an infected right hip joint. He was commenced on oral ciprofloxacin 500 mg twice daily. On day 7, he developed delirium, hallucinations and generalised myoclonic jerks. His symptoms improved without oral medications and a small dose of clonazepam and recurred twice after recommencement of ciprofloxacin. Ciprofloxacin was permanently discontinued and he had no further delirium or myoclonic jerks.

Disorientation, visual hallucinations and generalized myoclonus were reported in a 40-year old treated with ciprofloxacin for meningitis [1]. A 55-year old developed truncal myoclonic jerks and a 63-year old with chronic renal failure developed multifocal myoclonus 2 days after starting treatment with ciprofloxacin for UTI [2, 3].

This case highlights the importance of ciprofloxacin as a cause of delirium and myoclonus in elderly patients. Symptoms are self-limiting. Consideration should be given to prescribing reduced dose ciprofloxacin to elderly patients with renal impairment.

Conflicts of interest

None declared.

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An unusual cause for cough in an octogenarian

Case report

An 80-year-old woman with multiple co-morbidities and severely impaired mobility following a hip fracture 5 years earlier which could not be operated on presented at a clinical review with a dry cough of 3 months duration. A few weeks prior to this, she had seen her dentist who had recommended extraction of an observed broken tooth. On examination, she indeed had a broken left upper molar. A chest radiograph showed a dense foreign body at the right hilum (Figure 1a). An urgent fibre optic bronchoscopy revealed the culprit broken tooth with amalgam in the right lower lobe bronchus (Figure 1b). This was successfully removed resulting in amelioration of her symptoms. Elderly patients may not report aspiration of a foreign body and so may present with cough and/or chest infections [1]. A high degree of clinical suspicion is needed to make the diagnosis which, if missed, can lead to serious consequences.

Figure 1. (a) Plain chest radiograph demonstrating a dense foreign body (arrow) at the right hilum. (b) Flexible bronchoscopy image demonstrating a broken tooth with amalgam in the right lower lobe bronchus.