The Red Wheelbarrow: A Reflection on Rhabdomyolysis and NMS

**~~-----------------------------------------------------------------------------------------~~**

In this report, the authors present a case of an 18-year-old male student, with a known history of Axial Spondyloarthropathy (on etoricoxib) who took over-the-counter medications for vomiting. He was referred to our hospital with multiple episodes of vomiting for 7 days, fever on and off for 5 days, altered sensorium for 5 days, and decreased urine output for 5 days. On evaluation, he was found to have elevated CPK (26000 units/l) and rising creatine levels. Urine analysis showed protein 1+ blood +++++ rbc- nil wbc -2 /hpf.In view of uremic encephalopathy, he was started on hemodialysis. NMS was thought to be the etiology of atraumatic Rhabdomyolysis. A junior resident found from the outside pharmacist that the patient had taken rabeprazole-levosulpiride prior to the onset of fever and altered sensorium. The patient was managed with bromocriptine, hydration, urinary alkalinization, and cold sponging. The patient’s renal function improved he was discharged with normal renal function. NMS Induced Rhabdomyolysis can mimic sepsis and a high index of suspicion is necessary for the diagnosis. Most of the time the juniors just follow the order of the seniors without thinking(as mentioned in the famous poem Charges of the light brigade).In contrast, this case highlights the importance that unbiased reasoning and tireless hunting for a detailed history, and the result may be rewarding for patients and sometimes for clinicians!!!