A 21-YEAR-OLD WOMAN WITH THYROID CARCINOMA UNDERWENT TOTAL
thyroidectomy and lymph-node dissection. Two days after surgery, she had
forced extension of the neck, nonrigid opening of the jaw, and lateral devia-
tion of eyes to the left without a rhythmic component (Video 1). The patient re-
mained able to follow commands (e.g., she was able to stick out her tongue when
asked). She had been treated for postoperative nausea with metoclopramide, a
frequently used antiemetic agent with an antidopaminergic effect, having received
10 mg orally twice a day for 2 days, with symptom onset 24 hours after the first dose
and worsening during the next 9 hours. Treatment with intravenous biperiden, an
anticholinergic agent, was initiated, and the symptoms resolved within minutes
(Video 2). Metoclopramide was discontinued, and there were no further acute
dystonic reactions. Such reactions to metoclopramide occur most frequently in
children and persons younger than 30 years of age and occur at greater frequency
with the administration of doses greater than 30 mg per day. The patient was
advised to avoid future use of metoclopramide.

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