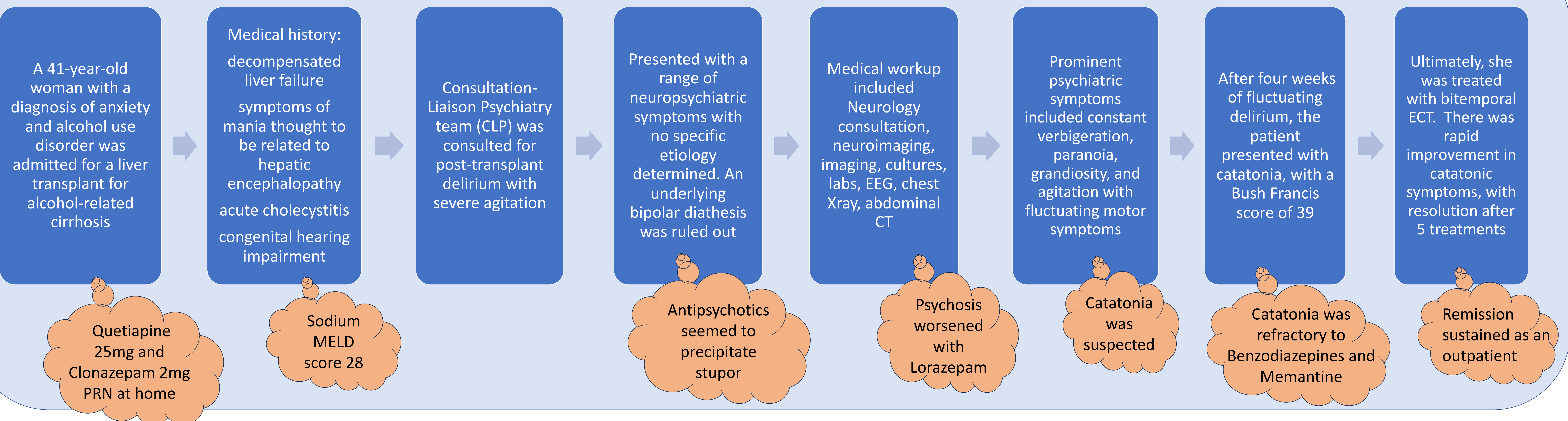


Background

Transplant patients are at high risk for neuropsychiatric syndromes post operatively, including delirium and catatonia, due to immunosuppressant medication, toxic or metabolic disturbances, and neurological vulnerability. Among solid organ transplant recipients, the incidence of delirium is estimated at 47% (1), however, the incidence of catatonia is unknown. Delirium and catatonia in this population are associated with morbidity and mortality, and treatment options are limited.




Case



Literature

- Limited literature is available to guide treatment for transplant patients with catatonia.
- Only one other case report of ECT in a kidney transplant patient (2)
- Existing data indicate that ECT is safe for medically ill patients with careful assessment of cardiac and neurological function (3)

Special Considerations

-  Concurrent delirium and catatonia limits treatment options
-  Neurotoxic medications (immunosuppression), medical complexity
-  Presumed neurological vulnerability given history of hepatic encephalopathy and alcohol use

Discussion

No lumbar puncture was done

CL psychiatry teams should work to recognize catatonia post-transplant in delirious patients and consider ECT as a safe and effective treatment, especially when there is limited response to and concern about benzodiazepines worsening underlying delirium. Stigma associated with ECT treatment and the perceived invasiveness by the public and medical teams requires clinical, educational, and logistical support by CLP teams. Further research should explore the safety and appropriate clinical threshold for use of ECT in transplant patients.

References

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