Outbreak of facio-troncular dystonia in central Africa due to Diazepam replaced by Haloperidol

• Nicolas Peyraud1
• Frederic J Baud2,3
• Jean-Claude Alvarez4
• Michaela Serafini1
• Annette Heinzelmann5

• 1 Médecins Sans Frontières, Geneva, Switzerland
• 2. Referent toxicologist at Médecins Sans Frontières -Paris.
• 4 Service de Pharmacologie-Toxicologie, Faculté de Médecine PIFO, Université Versailles Saint-Quentin, CHU R. Poincaré, AP-HP, Garches, France
• 5 Médecins Sans Frontières, Paris, France
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During week 52, 2014, in the northeast of the Democratic Republic of Congo, an African area included in the “Meningitis belt of Africa” and in which malaria is endemic, patients with suspected but atypical meningitis were reported.

In January 2015, Médecins sans Frontières (MSF) Geneva, was approached by the Ministry of Health to support the outbreak.
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Findings:

Initial examination suggested that an illness other than bacterial meningitis was the cause of patients’ complaints. First hypothesis was meningitis receiving uncomplete dosage regimen of antibiotics.

Thereafter owing to apparent loss of consciousness with abnormal eyes movements, non-tonico-clonic seizures were considered meanwhile adults were also severely ill.

Extrapyramidal syndrome predominant on the upper part of the body was noted by paediatrician neurologists who suggested to consider a genetic disease. However, signs and symptoms were also present in adults.

The MSF referent toxicologist was consulted.
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Findings:
The definitive diagnosis made on pictures and videos of children and adults was facio-troncular dystonia resulting from poisonings. Four Urine samples were collected and sent to a toxicological laboratory.

All urine samples were positive for haloperidol meanwhile the other causes of facio-troncular dystonia were excluded, including other neuroleptics, metoclopramide, antidepressants, amodiaquine, anti-histaminic drugs, anti-epileptics, and cocaine.
Conclusion: In North-East Congo

From January to August 2015, 1,021 hospitalisations were recorded in 925 patients.

Looking for the source of haloperidol showed that tablets sold as ‘diazepam’ and consumed by symptomatic patients contained haloperidol as the sole active pharmaceutical ingredient, suggesting that this large outbreak was due to haloperidol toxicity from counterfeit diazepam.

However, the cause of the error is presently under investigation.