Editor's Comment:

The presented paper is a review of parkinsonism-hyperpyrexia syndrome (PHS), a neurological emergency that mimics neuroleptic malignant syndrome and sepsis. Abrupt discontinuation of antiparkinsonian drugs, usually levodopa, is the cause of this syndrome. The authors described the case of a 70-year-old man with diabetes mellitus (on insulin), hypertension and PD, who presented with a history of sudden onset of fever, altered consciousness and worsening of parkinsonian features. Relative dopamine deficiency is the proposed mechanism for PHS and replacement of dopaminergic drugs is the mainstay of treatment. Even missing a single dose of levodopa can lead to PHS and early recognition can be life-saving. Abrupt discontinuation of levodopa has been attributed to a state of relative dopamine deficiency leading to PHS. This case is sensational and shows that missing even one dose of levodopa can cause PGS, a potentially preventable and treatable condition that, if untreated, can mimic sepsis and be fatal. The authors conclude that a patient with PD should not miss any dose or delay taking a routinely scheduled dose of levodopa, family members should be made aware of this possible condition and clinicians should be aware of this condition and maintain a high index of suspicion and take a proper history of any missed dose. This case is a good example of the problem and although it is a rare complication in individuals with Parkinson's disease taking low doses of levodopa, its timely recognition is of paramount importance for prognosis. The manuscript is important to the scientific community for its scientific content and I believe it is ready for publication.

Editor's Details:

Dr. Elvira Bormusov (Retd.)
Retired Professor, The Lloyd Rigler Sleep Apnea Research Laboratory, Israel.