Journal of Neuroinfectious Diseases
ISSN: 2314-7326

Editorial Open Access

Neuropathy: Case series and Review of Literature

Svetlana Akhmatova*

Svetlana Akhmatova, Department of Pathology, Medical Foundation and Clinic, Enugu 40001, Nigeria

Abstract

Metronidazole has been widely used to treat different not needing oxygen infections for many years without producing major side effects. Some of its new medically helpful indications, however, require/result in lengthy treatment with compared to other things high doses off to the side nerve disease is clearly one of the difficulties that can arise with such use. Case Report: Four young male patients with history of intake of metronidazole for treatment of amoebic liver infected swelling and diarrhoea developed very fast beginning away from the main mass of the body having a left half that's a perfect mirror image of the right half related to hearing, seeing, smelling, etc. nerve disease. Patients being treated with metronidazole especially those on high doses even for short period should be watched/supervised for poisonous to nervesity. This drug which is widely and based on actual evidence prescribed and is an over the counter (OTC) drug for any types of diarrhoea in our country is clearly connected with poisonous to nervesity. Metronidazole should be used with some caution and with clear indications even when is prescribing for short course and low doses. The aim of the study was to get disease-identifying findings, test/evaluate medically helpful options, and review results in PN patients.

Keywords: Metronidazole; Sensory Neuropathy; Axonal; Rapidonset

Introduction

Metronidazole is a 5-nitroimidazole derivative and has strong activity against not needing oxygen bacteria, more than two, but not a lot of) protozoa including Entamoeba, Giardia, Trichomonas and B. coli, H. pylori and Guinea worm and liver-related brain disease. Common side-produces/makes happen of metronidazole include mild (related to the center part of the body) pain, headache, nausea, and a (constant/not going away) metallic taste. Other serious and rare side-effects include pseudomembranous colitis, seizures, and brain disease [1-3]. It is generally well tolerated and off to the side nerve disease is its rare side effect. We are presenting a case series of patients who developed sudden and serious related to hearing, seeing, smelling, etc. nerve disease after intake of short course of metronidazole. Four male patients with history of intake of metronidazole for treatment of liver infected swelling and diarrhoea presented with upsetting reduces/cuts downthesia in form of tingling and burning pain in glove and stocking distribution. Signs of sickness started first in soles and dorsa of feet and slowly went forward. They have upsetting reduces/cuts downthesia in form of tingling, burning and extreme tearing pain from toes up to knees in lower limbs and in glove distribution in upper limbs. Patients were taking metronidazole for different disease, dose and length of time [4].

Identification of a poisonous effect is simplest when acute or subsudden and serious beginning of signs of sickness happens soon after the first drug exposure or a change of medicine dosage. Most patients fall into this category. In contrast, it is much more filled with problems to identify a disease or its cause a slowly progressive nerve disease starting many months or years after starting a long-lasting agent. Full act of asking questions and trying to find the truth about something did not bring out any possible cause for their nerve disease other than the drug they have been taking. The exact way of metronidazole caused nerve disease is something that causes arguments between people and assumed to be probably the result of poisonous collection over time of metronidazole leads to part of a nerve fiberal ruining/getting worse [5].

References

1. Urtasun RC, Rabin HR, Partington J (1983) Human pharmacokinetics and toxicity of high-dose metronidazole administered orally and intravenously. Surgery 93: 145-148.
2. Park KI, Chung JM, Kim JY (2011) Metronidazole neurotoxicity: sequential neuroaxis involvement. Neurol India 59: 104-107.
3. Frytak S, Moertel CH, Childs DS (1978) Neurologic toxicity associated with high-dose metronidazole therapy. Ann Intern Med 88: 361-362.
4. Rustscheff S, Hulten S (2003) An unexpected and severe neurological disorder with permanent disability acquired during short-course treatment with metronidazole. Scand J Infect Dis 35: 279-280.
5. Thomas PK, Sears TA, Gilliatt RW (1959) The range of conduction velocity in normal motor nerve fibers to the small muscles of the hand and foot. J Neurol Neurosurg Psychiatry 22: 175-181.

***Corresponding author:** Svetlana Akhmatova, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 40001, Nigeria, **E-mail:** akhmatovasv98@gmail.com

Received May 04, 2021; **Accepted** May 19, 2021; **Published** May 26, 2021

Citation: Akhmatova S (2021) Neuropathy: Case series and Review of Literature. J Neuroinfect Dis 12: 332.