

Letters to the Editor

Heroin use, diplopia, largactil.

Sir,

A Saudi male in his late 20's with several years history of intravenous heroin use was admitted for management of mild withdrawals. He complained of insomnia, anxiety and body aches. A single dose of Largactil 100 mg and Brufen 400 mg was given during the night for symptomatic treatment. The next morning he had severe diplopia. He was covering one eye for relief. Examination showed normal pupils, full eye movements and absence of any nystagmus. Paresis of any extro-ocular muscle was not identified. Red glass test was not carried out. He had double vision in primary position of gaze and reported an inconsistent increase in diplopia on looking both towards the right and left. Physical exam including neurological examination was otherwise unremarkable. He was alert and fully oriented. His other complaints were related to heroin withdrawals and showed mild improvement. He attributed the diplopia to Largactil and reported diplopia in the past following its use in a private hospital. He gave no history of any medical illnesses. Largactil was immediately stopped, but he continued with Brufen. The diplopia resolved spontaneously 6-8 hours later. During drowsiness diplopia is commonly reported. In this case, the symptom was not due to drowsiness as the patient was fully alert. Heroin withdrawals can also produce diplopia.¹ However withdrawal symptoms were mild and he reported no diplopia at the time of admission. Furthermore, the diplopia cleared spontaneously

shortly after discontinuation of Largactil while other withdrawal symptoms were still present. The fact that the diplopia started within hours of Largactil use, disappeared shortly after its discontinuation and a history of diplopia with similar course in the past indicate strongly that this symptom was induced by Largactil. Largactil (Chlorpromazine) is a widely used medication. Diplopia is not a reported side effect.² Heroin users may be more susceptible to this due to the effects of repeated injections, adulterants added to heroin or changes in neuro transmission induced by opiates.³

Nayer Iqbal

*Department of Psychiatry
Al-Amal Hospital
PO Box 7822
Jeddah 21472
Kingdom of Saudi Arabia*

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