

December 22, 1990

Dr. Gian Francesco Gherardini
Via di Grottarossa 1282
Rome, Italy

Dear Dr. Gherardini,

Thank you for your letter of November 2, which arrived two weeks ago and which I had translated to better understand the message. It is regretful that the patient had such a poor outcome. A severe response to haloperidol is known, since it is neurotoxic and its use is often associated with dystonia, parkinsonism, akathisia, and the neuroleptic malignant syndrome (NMS). The case material suggests that he had a severe NMS. ECT is described as effective in NMS, as well as in catatonia, so it is unclear why society is criticizing your treatment decisions.

The rise in temperature following each ECT may reflect a persistent effect of haloperidol.

The sequence of events after the onset of status epilepticus is puzzling. What was the etiology of status? (It is not a feature of ECT which is essentially anti-epileptic since it raises seizure thresholds.) Did the patient receive additional neuroleptic medications?

Patients with lupus erythematosus may develop a catatonic picture and status epilepticus. Was the patient tested for lupus?

Is there something that you believe we can do to help in your defense? Thank you again for bringing this interesting case to my attention.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry