

*S Yadav<sup>1</sup>, S Malik<sup>1</sup>, HC Mittal<sup>1</sup>, P Puri<sup>1</sup>, MK Garg<sup>2</sup>, U Garg<sup>3</sup>*  
 From: <sup>1</sup>Department of Dental Surgery, <sup>2</sup>Department of General Surgery and <sup>3</sup>Department of Ear, Nose, and Throat, BPS Government Medical College for Women, Khanpur Kalan, Sonapat, Haryana, India.

Correspondence: Dr S Yadav, BPS Government Medical College for Women, Khanpur Kalan, Sonapat, Haryana, India.  
 E-mail: dr.hiteshmittal@gmail.com

## REFERENCES

1. Cameron M, Phillips B. Snookered! Facial infection secondary to occult foreign body. *Int J Oral Maxillofac Surg* 2006; **35**: 373–5. Available from: <http://www.sciencedirect.com/science/article/pii/S0901502705003231>
2. Robinson PD, Rajayogeswaran V, Orr R. Unlikely foreign bodies in unusual facial sites. *Br J Oral Maxillofac Surg* 1997; **35**: 36–9.
3. Schneider N, Reichart PA, Bornstein MM. Intraoral foreign bodies detected 40 years after a car accident using cone beam computed tomography. *Quintessence Int* 2012; **43**: 741–5. Available from: <http://qi.quintessenz.de/index.php?doc=abstract&abstractID=28345/>
4. Daya NP, Liversage HL. Penetrating stab wound injuries to the face. *SADJ* 2004; **59**: 55–9.

## Treatment of Attention Deficit Hyperactivity Disorder Accompanied by Epilepsy in a Child

The Editor,

Sir,

Attention deficit hyperactivity disorder (ADHD) is a common neuropsychiatric disorder that occurs in childhood and goes on into adulthood. Atomoxetine is a potent, specific, norepinephrine reuptake inhibitor that has no other affinity on any other neuronal reuptake pumps used in the treatment of ADHD, alternatively (1, 2). High risks in terms of epileptic seizures have been observed in patients with ADHD (3, 4). Here, we present the effect of atomoxetine on epilepsy in a boy with ADHD.

A 10-year old boy was admitted with complaints of negligence, short temper, inattention and academic failure in school. In his psychiatric examination, he was conscious, oriented and cooperated with a fluent speech. He had concentration problems, hyperactivity and impulsivity. There was no hallucination and delusion. His Wechsler Intelligence Scale for Children-Revised testing, laboratory results and physical examination were in the normal range. His condition was compatible with ADHD combined type according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition. He also had a history of epilepsy for four years. Valproic acid 750 mg/day has been used for three years. His last seizure had been two months ago, thus levetiracetam 600 mg/day was added to his treatment. There was no treatment for psychiatry. Atomoxetine, 25 mg/day, was initiated and the dose was titrated up to 40 mg/day during the two weeks. In the first month of the

follow-up period, the symptoms of attention deficiency decreased and school achievement improved. Furthermore, seizure was not observed in the subsequent year after the treatment of atomoxetine. Follow-up of the patient is ongoing and he tolerates the medication well.

Co-morbidity of epilepsy is a condition that requires attention in terms of treatment. Physicians should pay attention to the threshold of seizures. In the previous studies, the coexistence of ADHD and epilepsy was emphasized (3). In another study, evidence of increased risk of seizures related to stimulants was demonstrated (5). Although there is limited information about the treatment of ADHD accompanied with epilepsy by atomoxetine (6), based on our case, atomoxetine may be a safe treatment option in ADHD accompanied with epilepsy co-morbidity. However, this treatment option should be supported with further and well-attended multicentre studies.

**Keywords:** Attention deficit hyperactivity disorder, ADHD, children, epilepsy

*N Yucel<sup>1</sup>, A Yucel<sup>2</sup>, H Ozcan<sup>2</sup>*

From: <sup>1</sup>Department of Child and Adolescent Psychiatry and <sup>2</sup>Department of Psychiatry, Faculty of Medicine, Ataturk University, Erzurum, Turkey.

Correspondence: Dr A Yucel, Department of Psychiatry, Faculty of Medicine, Ataturk University, Erzurum 25040, Turkey.  
 E-mail: dr\_atakanyucel@hotmail.com

DOI: 10.7727/wimj.2014.222

## REFERENCES

1. Bymaster FP, Katner JS, Nelson DL, Hemrick-Luecke SK, Threlkeld PG, Heiligenstein JH et al. Atomoxetine increases extracellular levels of norepinephrine and dopamine in prefrontal cortex of rat: a potential mechanism for efficacy in attention deficit/hyperactivity disorder. *Neuropsychopharmacology* 2002; **27**: 699–711.
2. Chalon SA, Desager JP, Desante KA, Frye RF, Witcher J, Long AJ et al. Effect of hepatic impairment on the pharmacokinetics of atomoxetine and its metabolites. *Clin Pharmacol Ther* 2003; **73**: 178–91.
3. Davis SM, Katusic SK, Barbaresi WJ, Killian J, Weaver AL, Ottman R et al. Epilepsy in children with attention-deficit/hyperactivity disorder. *Pediatr Neurol* 2010; **42**: 325–30.
4. McAfee AT, Holdridge KC, Johannes CB, Hornbuckle K, Walker AM. The effect of pharmacotherapy for attention deficit hyperactivity disorder on risk of seizures in pediatric patients as assessed in an insurance claims database. *Curr Drug Saf* 2008; **3**: 123–31.
5. Duplay D. Physician's Desk Reference. 59<sup>th</sup> ed. Montvale, NJ: Thomson PDR; 2005.
6. Schubert R. Attention deficit disorder and epilepsy. *Pediatr Neurol* 2005; **32**: 1–10.