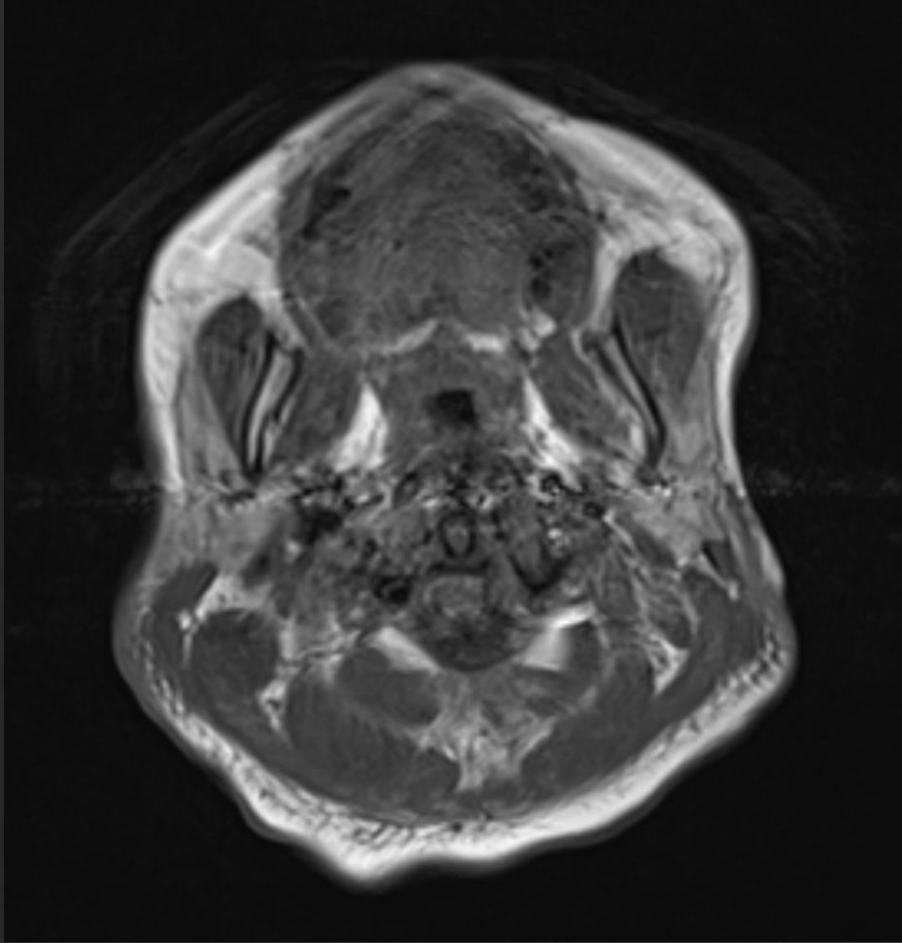
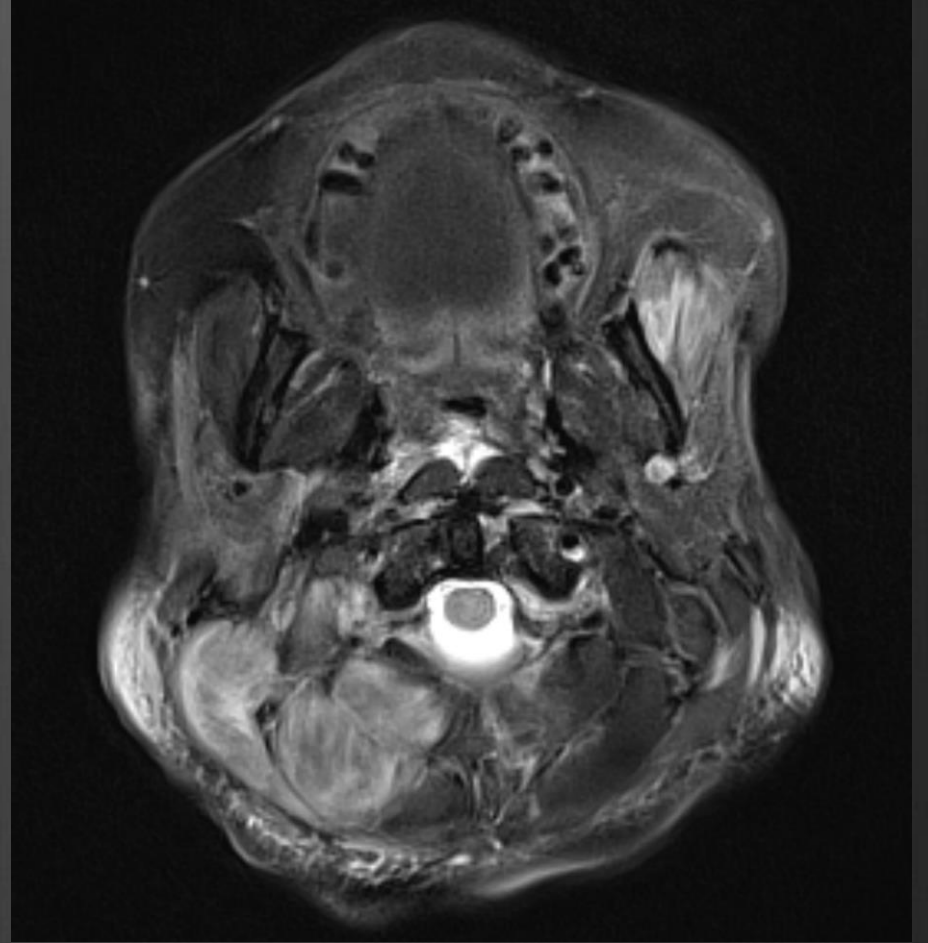


- ④ 46 year old female with history of schizophrenia and bipolar disorder presents to the ER with two day history of headache, blurred vision, left leg and hip pain and new painful right neck mass.
- ④ CPK on admission was 13435U/L (normal range 22 – 198)
- ④ Selected images of the brain, spine and pelvis to follow

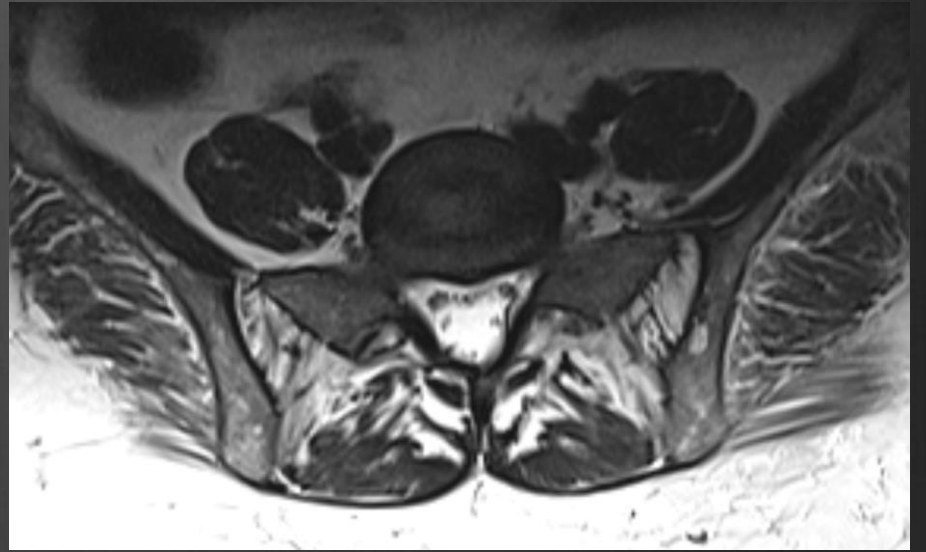
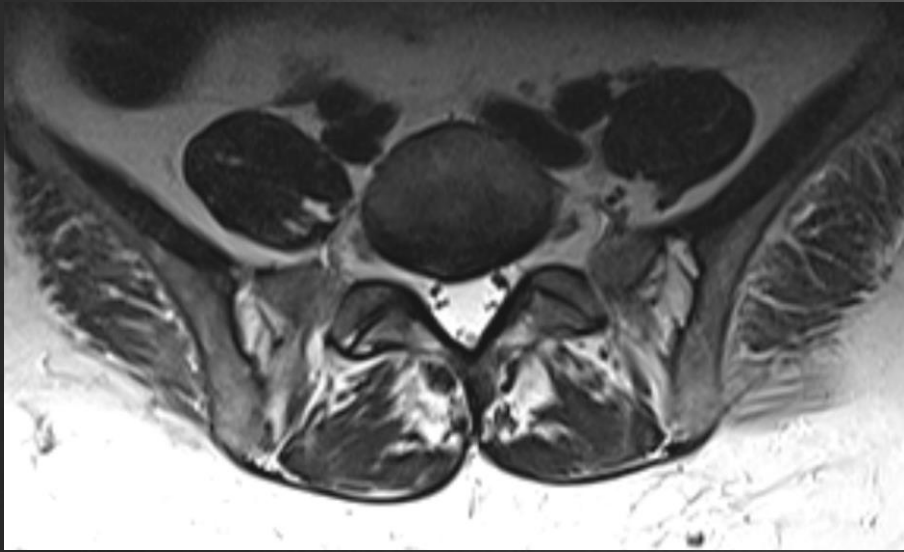


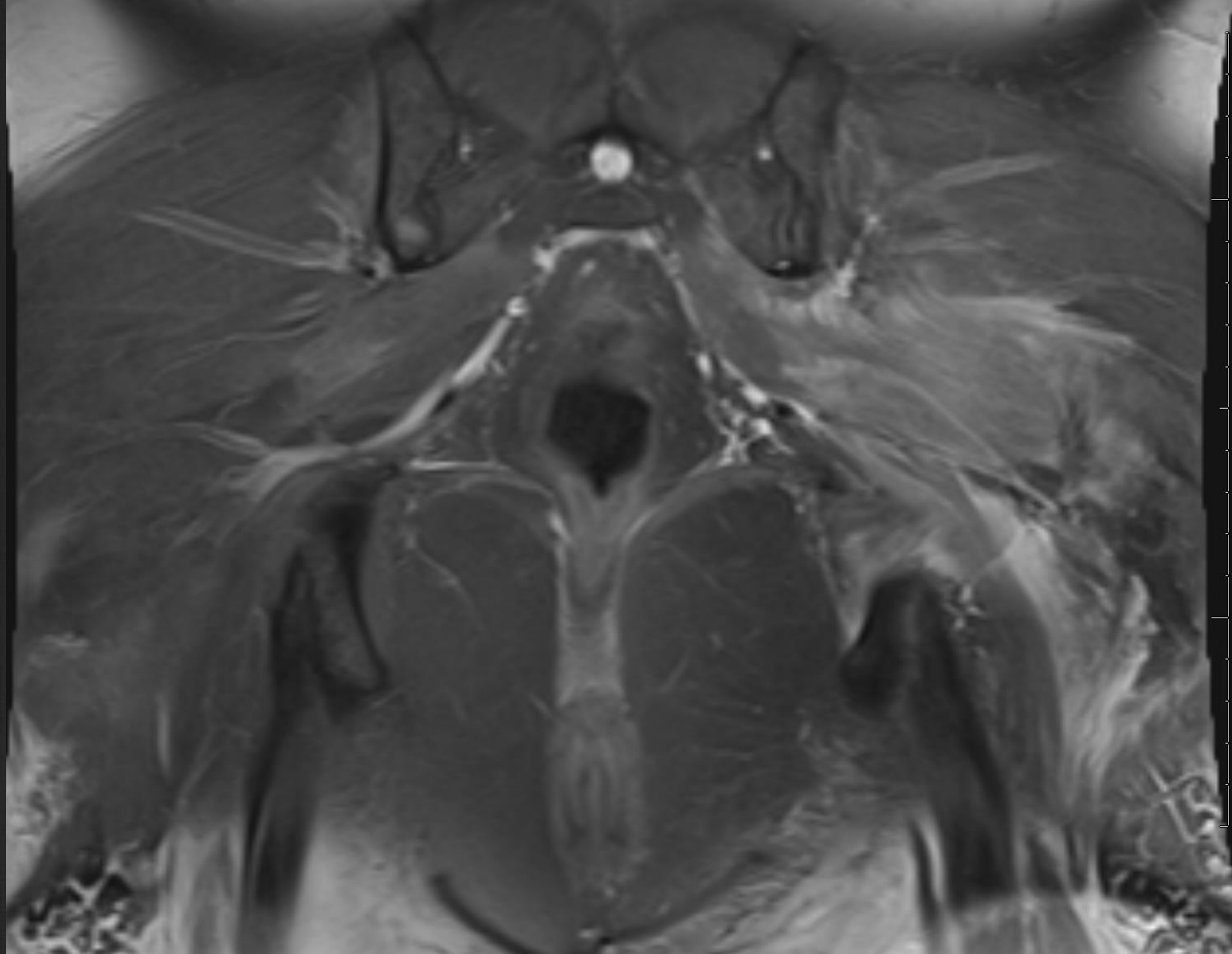
T1

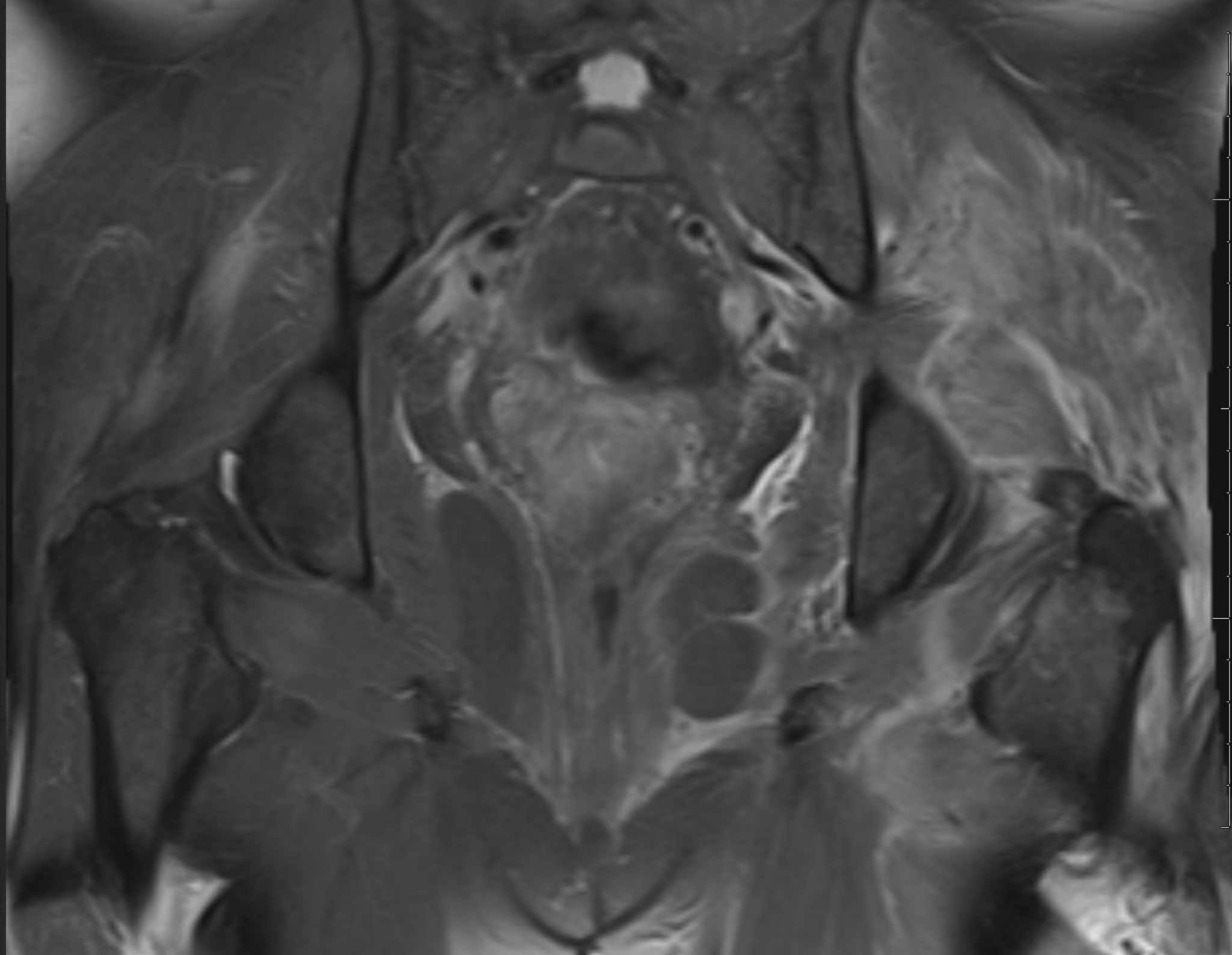


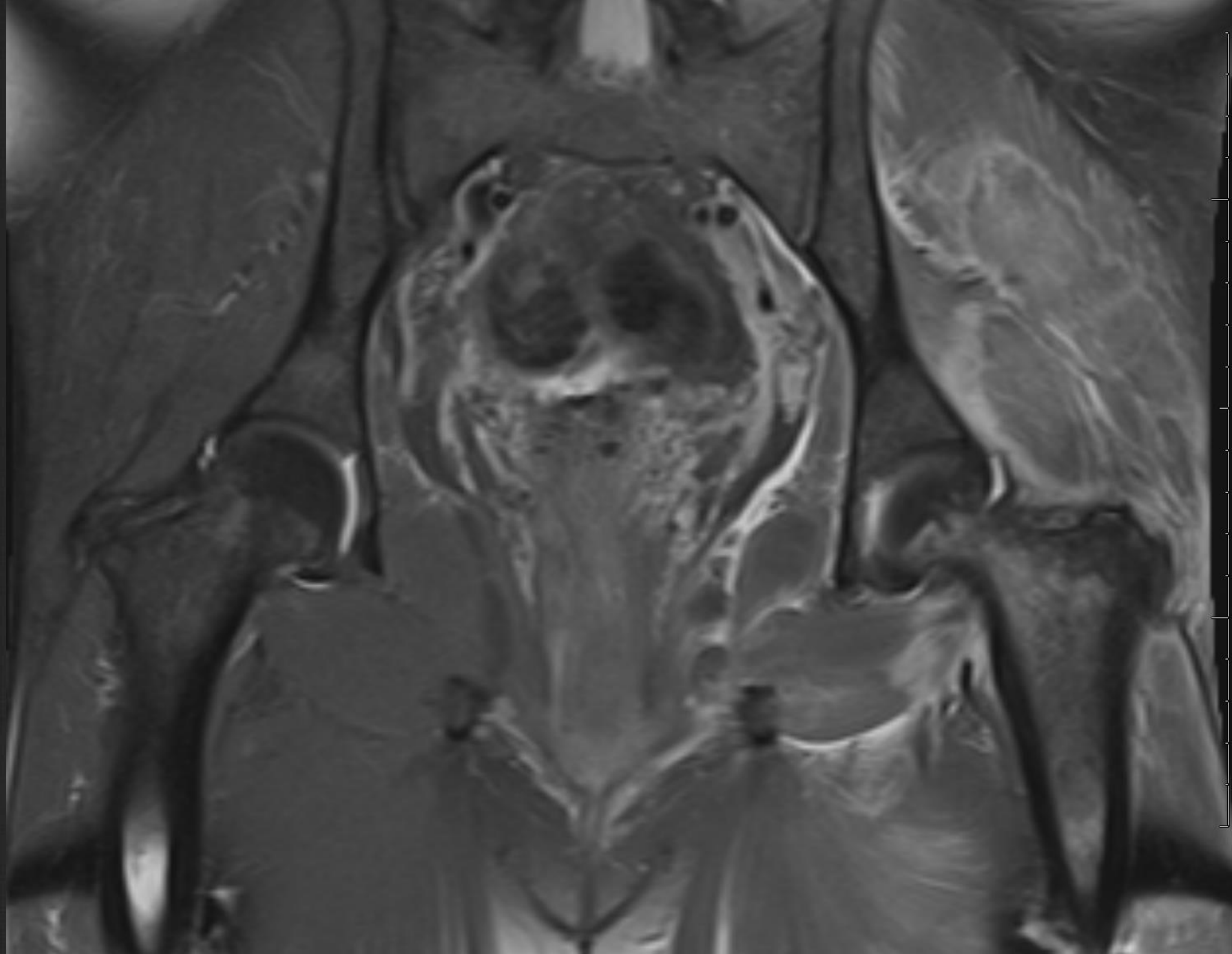
T2FS

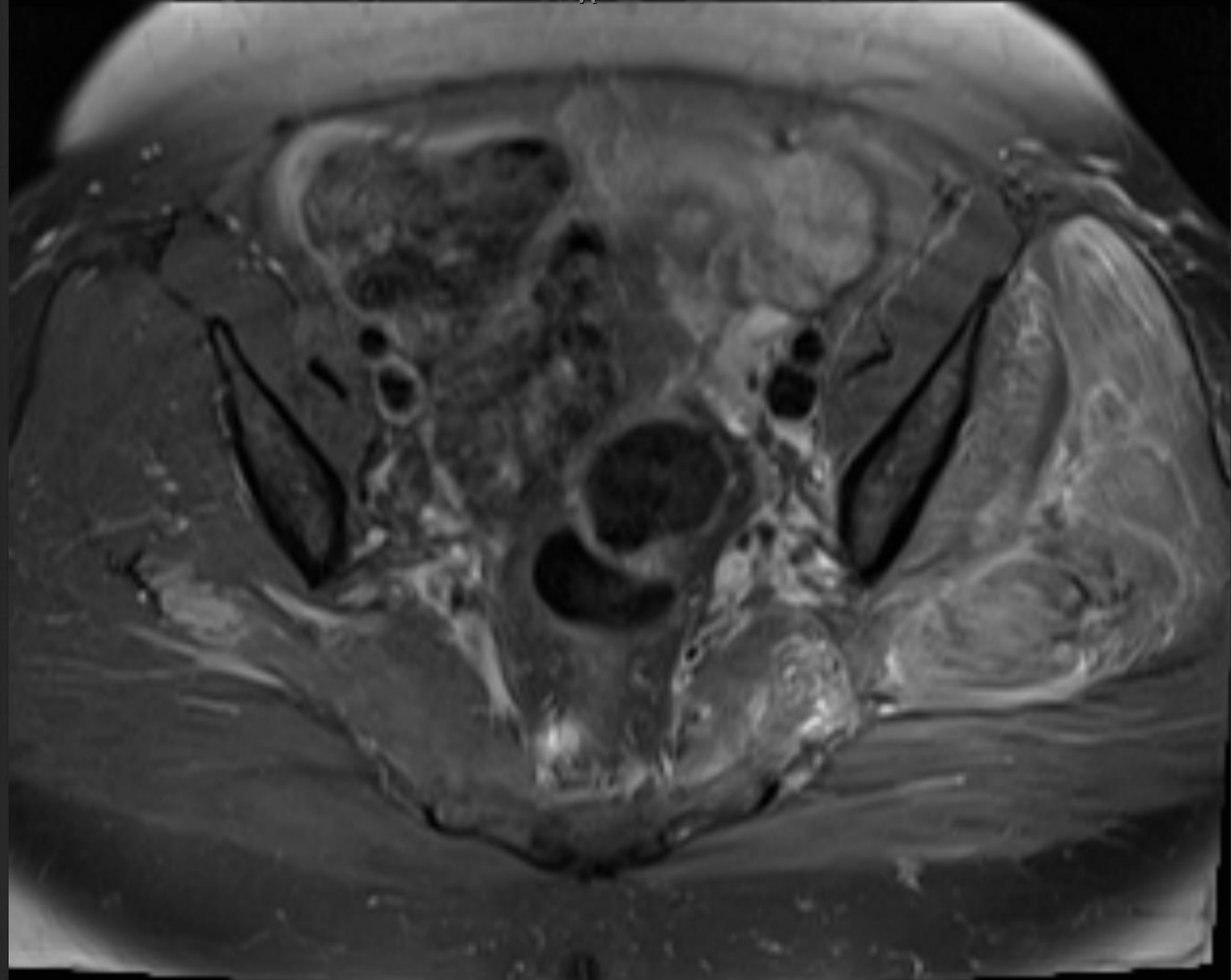




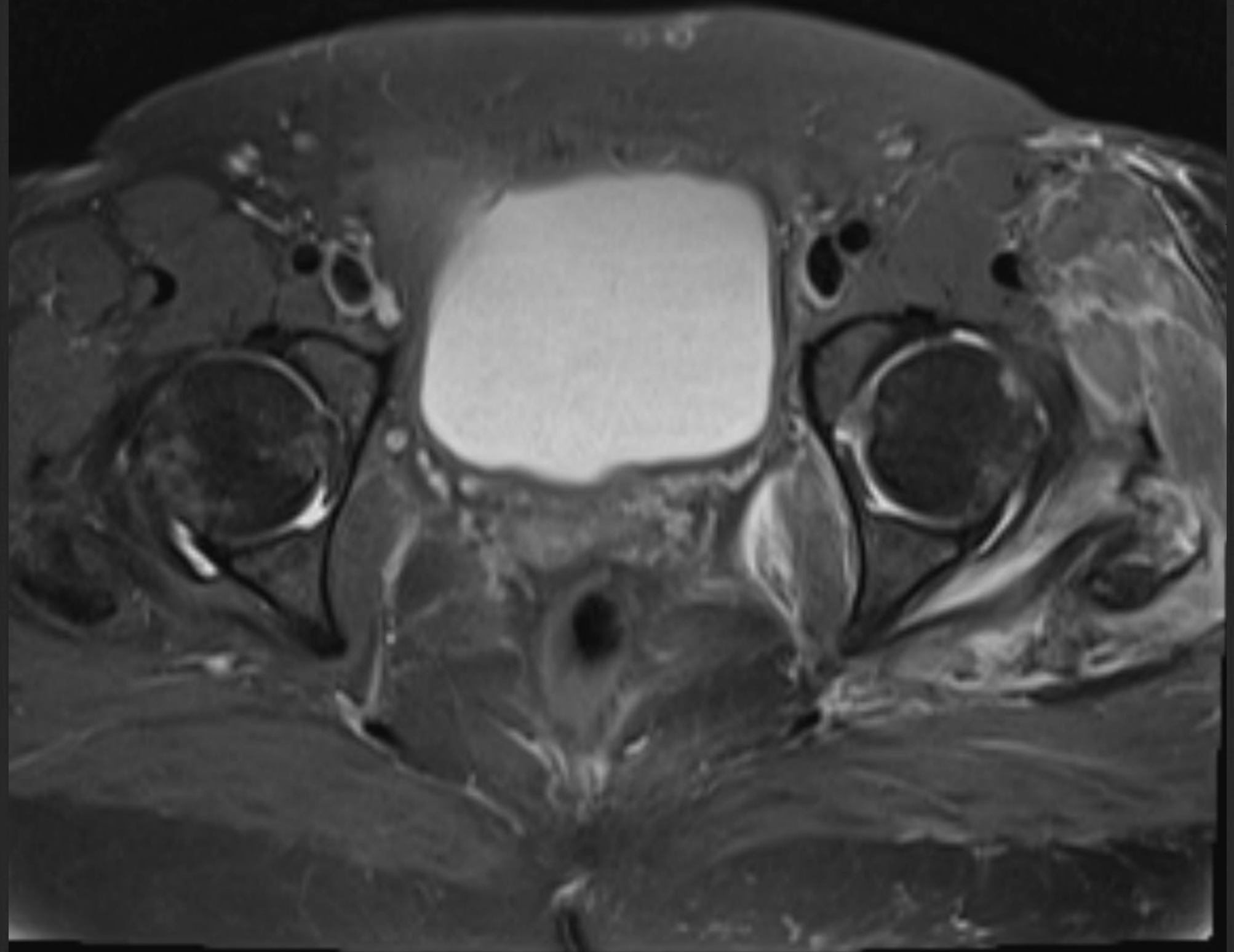


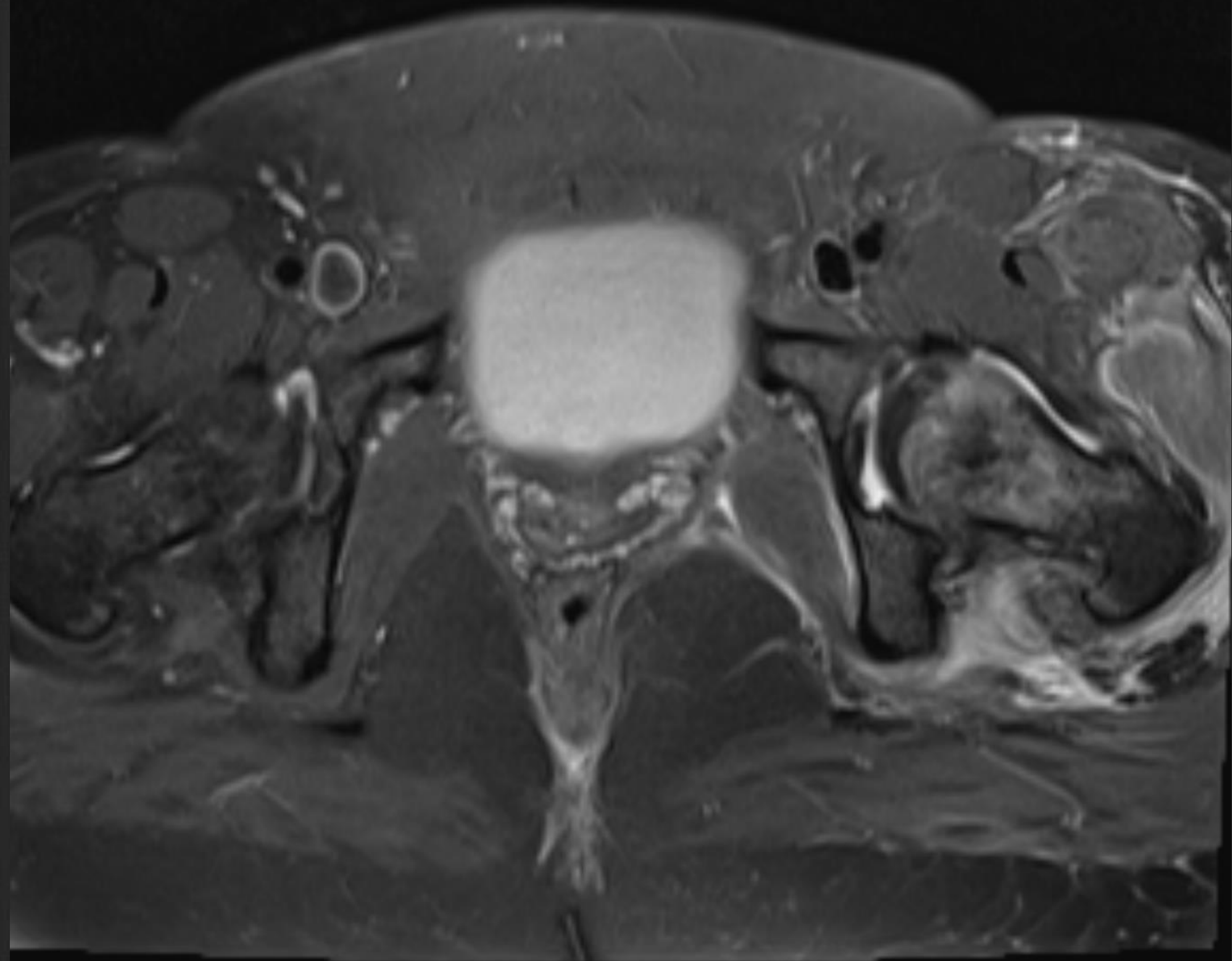


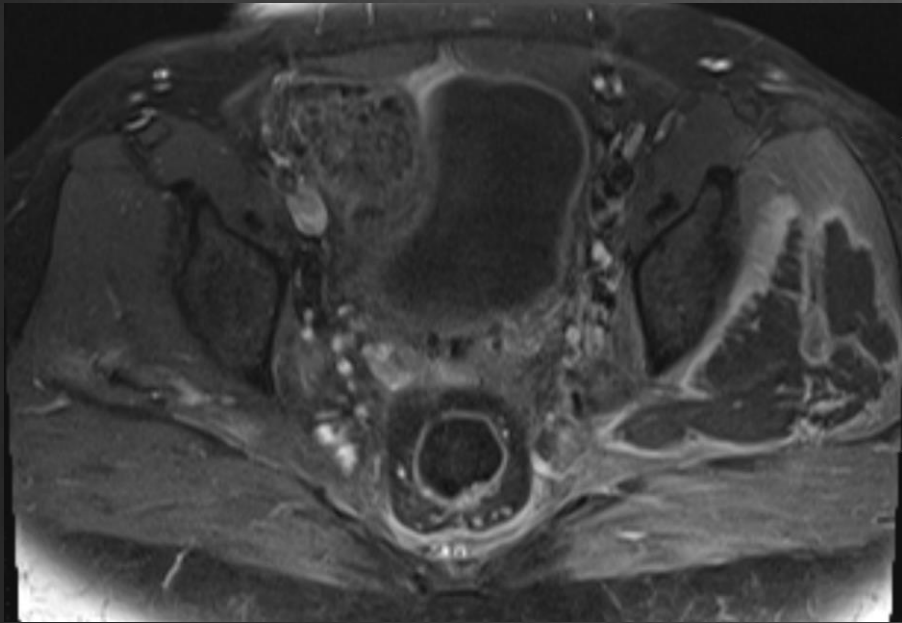




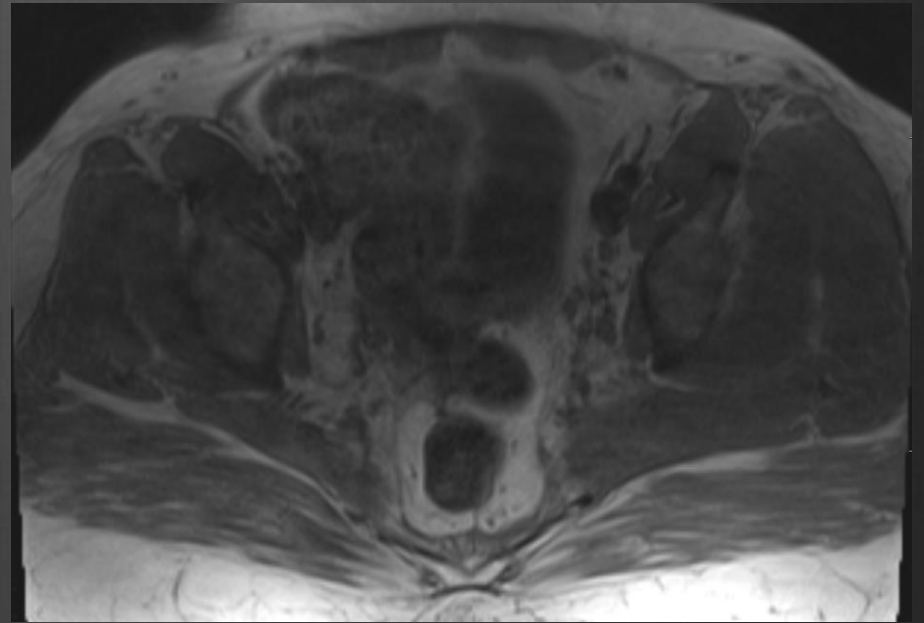








T1FS  
PC



T1

- DX: rhabdomyolysis secondary to quetiapine.
- Patient's neck swelling, hip and leg pain improved after quetiapine was discontinued. No follow up images.
- CPK levels decreasing

# Reported cases

Rev Colomb Psiquiatr. 2015 Jul-Sep;44(3):183-8. doi: 10.1016/j.rcp.2015.02.005. Epub 2015 Apr 23.

Actas Esp Psiquiatr. 2012 Mar-Apr;40(2):97-9. Epub 2012 Mar 1.

Mov Disord. 2010 Apr 30;25(6):790-1. doi: 10.1002/mds.23015.

Ren Fail. 2011;33(4):463-4. doi: 10.3109/0886022X.2011.568141.  
Comment on: low-dose quetiapine-induced severe rhabdomyolysis.