**Status epilepticus secondary to cefepime toxicity in end stage renal disease**

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**Introduction**: Nonconvulsive status epilepticus is an acute neurological disorder that manifests without grossly noticeable symptoms. Toxicity of cefepime, a broad-spectrum cephalosporin antibiotic, is associated with nonconvulsive status epilepticus. The widely accepted mechanism of neurotoxicity is antagonism of inhibitory GABAA receptors. A key risk factor for developing neurotoxicity is impaired renal function, although it has been documented in patients with normal renal function.

**Case**: A 53-year-old female with end-stage chronic kidney disease on peritoneal dialysis presented to the emergency room for malfunctioning and leakage of the dialysis site. She was placed on antibiotic therapy due to concerns of peritonitis related to the catheter, including 2 grams of cefepime every 8 hours. Declining mental status over the course of three days led to an EEG diagnosis of nonconvulsive status epilepticus. Anti-epileptic therapy and hemodialysis led to neurological resolution and discharge on day 23.

**Discussion**: Knowledge of such medication-induced neurotoxicity is essential in critical or acute care settings to ensure timely recognition and management. Due to a lack of visible epileptic symptoms and varying presentation, nonconvulsive status epilepticus is typically diagnosed only after EEG monitoring, and may go unrecognized for some time. The principal goal of treatment in cefepime toxicity is to clear the drug from the patient’s system and prevent continued seizure activity. The high dialytic clearance of cefepime renders hemodialysis an efficient method to clear the drug out of the patient’s system, while conventional GABAergic anti-epileptic agents function to restore baseline neurophysiology.

**Conclusion**: Hemodialysis remains the cornerstone of management for nonconvulsive status epilepticus secondary to cefepime toxicity. Here we report a case of cefepime-induced nonconvulsive status epilepticus, which was successfully managed with hemodialysis that resulted in full recovery of neurological function.