We present a case of a highly functional 36 year old woman of Indian decent with multiple terminal episodes. Onset was rapid and no past medical or psychiatric diagnosis. Who presents with two episodes of rapid onset and severity. Thought process was circumstantial and non-linear. When she did answer questions, the answers were either inappropriate or included insignificant information, there were no signs or reports of perceptual disturbance and cognition grossly remained intact.

**Pertinent**

**Vitals**
- Heart rate of 112 bpm
- Elevated white blood cell count (WBC) of 11.5 K/UL
- Work up to include urine drug screen, urinalysis, and preliminary infectious work-up (RPR, Common respiratory viruses PCR, and COVID-19) were unremarkable.
- CT head without contrast and Brain MRI with and without contrast were unremarkable.

**Bush-Francis Scale for Catatonia**: 5 (Mutism-2, Withdrawal-2 and Autonomic abnormality-1)

**Treatment**
- Lorazepam challenge of 2 doses of 1 mg IV Lorazepam given at 30 minutes apart to lead to immediate improvement of mutism and withdrawal.
- Elevated WBC and HR suspected to be secondary to dehydration, patient treated with IV fluids.
- Discharged on Day 2 of hospitalization on oral Lorazepam 1 mg every 8 hours and Aripiprazole 2 mg QHS

**Outpatient**

No further evidence of medical or psychiatric pathology. Continuous assessment revealed only an ego-systonic meticulous and anxious disposition that seemed adaptive for her profession.

**Treatment**
- Weaned of Lorazepam over 8 weeks
- Discontinued Aripiprazole after 9 weeks from discharge

**Sources**