

Citalopram-induced subacute cutaneous lupus erythematosus — first case and review concerning photosensitivity in selective serotonin reuptake inhibitors

Susanne Röhrs, Ph.D., Franziska Geiser, M.D., Rupert Conrad, M.D.*

Department of Psychosomatic Medicine and Psychotherapy, University of Bonn, 53105 Bonn, Germany

Received 6 January 2012; accepted 16 March 2012

Abstract

Objective: This report describes a case of subacute cutaneous lupus erythematosus (SCLE) in a patient treated with citalopram and discusses evidence linking selective serotonin reuptake inhibitors (SSRIs) to the induction of photosensitivity.

Method: Case report and review of published literature.

Results: A 71-year-old woman with major depression developed 2 days after intake of 20 mg citalopram a strongly itching and largely dimensioned confluent erythema with infiltrations and blisters all over the trunk with fever and malaise. Histological and laboratory investigations were consistent with the diagnosis of SCLE. After stopping citalopram intake, dermatologic symptoms significantly improved within 2 weeks. SSRIs have been associated with 14 cases of adverse cutaneous events as a result of SSRI-induced photosensitivity. No case of SSRI-induced SCLE has been described.

Conclusion: In clinical practice, indication and dosage of citalopram and other SSRIs should be carefully monitored. In the case of a SSRI-induced photosensitivity, medication can be switched to an antidepressant from another class.

© 2012 Elsevier Inc. All rights reserved.

Keywords: Citalopram; Depression; Selective serotonin reuptake inhibitors (SSRI); Cutaneous side effects; Subacute cutaneous lupus erythematosus (SCLE)

1. Introduction

Citalopram belongs to the class of selective serotonin reuptake inhibitors (SSRIs). The most frequent short-time side effects are nausea, dry mouth, drowsiness, sleeplessness and a higher tendency to sweat [1]. Up to now, two cases of adverse cutaneous events after intake of citalopram have been reported [2,3]. To the best of our knowledge, there has been no report to date on the development of subacute cutaneous lupus erythematosus (SCLE) after prescription of SSRIs. In the following section, we report on a 71-year-old patient who developed SCLE after intake of 20 mg of citalopram.

2. Case report

Ms. G., a 71-year-old married patient, presented herself at the psychosomatic clinic in Bonn after admission to the dermatological department of Bonn University Hospital with sudden onset of erythema. The patient stated that she had been depressive for some years as a result of various phases of hospitalization. A resection of her thyroid gland led to a recurrent laryngeal nerve paralysis. Due to breathing problems, she had to give up sporting activities such as walking and hiking. A chronic bronchitis aggravated her dyspnea even further. In this context, she developed symptoms of depression such as a strong deterioration of mood, cheerlessness, lack of interest, drive, sleeping problems, bad concentration, loss of appetite, as well as anxiety about the future. Six months before hospitalization, she visited her psychiatrist who prescribed citalopram in a dosage of 10 mg/day as antidepressive medication. Three

* Corresponding author. Tel.: +49 22828716299.

E-mail address: Rupert.Conrad@ukb.uni-bonn.de (R. Conrad).

days after intake, she developed a rash mainly restricted to her back. The rash could be treated well with a cortisone cream and completely disappeared within 2 weeks. As her depression got slightly better, Ms. G discontinued citalopram medication after 3 months. However, in the following months, depression deteriorated once again and Ms. G. was prescribed citalopram with a dosage of 20 mg by her psychiatrist. Two days after the first intake, she developed a strongly itching and largely dimensioned confluent erythema with infiltrations and blisters all over the skin (Fig. 1). The dermatological symptoms were associated with fever and malaise. Ms G. did not complain of xerophthalmia or xerostomia; the Schirmer test result was negative. The seriousness of the skin disease led to immediate inpatient

treatment of the patient. Apart from the medication with citalopram, there had been no change in her daily medication for chronic bronchitis (budesonide/formoterol dry powder inhaler), which Ms. G. had taken for 15 years. Skin biopsies were taken from the back. On histological examination, epidermal atrophy and an interface dermatitis with basal cell vacuolation were found, which were consistent with subacute cutaneous lupus erythematosus (SCLE) [4,5]. Direct immunofluorescence test (DIF) result was negative. Ms. G. had no previous history of photosensitivity. Test results were positive for antinuclear antibody titre (1:640) and extractable nuclear antibodies SSA/Ro52, SSA/Ro60 and SSB/La, and negative for other autoantibodies [4,5]. Routine laboratory investigations were within normal limits.



Fig. 1. (Top left) Patient at admission to hospital. (Top right) Patient 1 week after having stopped the medication with citalopram. (Bottom left) Patient's back at admission to hospital. (Bottom right) Patient's back 2 weeks after having stopped the medication with citalopram.

Download English Version:

<https://daneshyari.com/en/article/6082380>

Download Persian Version:

<https://daneshyari.com/article/6082380>

[Daneshyari.com](https://daneshyari.com)