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Paliperidone- and paliperidone palmitat-induced leukocytoclastic vasculitis

To the Editors:

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Paliperidone and paliperidone palmitat (PP) are novel antipsychotic drugs that may cause adverse reactions in several organs and systems. Here, we report the case of a patient who developed skin lesions and arthritis after initiation of both paliperidone and PP.

A 50-year-old woman with a history of schizophrenia and no previous chronic medical illness had been on treatment with haloperidol and chlorpromazine for about 21 days. Haloperidol was discontinued and paliperidone 6 mg/day oral and PP 100 mg/month in long-acting injectable form (intramuscular (i.m.)) were initiated because of treatment-resistant psychotic symptoms. On the second day of initiation, multiple erythematous, partly bullous, and palpable purpura appeared on her ankles, legs, thighs, wrists, forearms and abdomen. Arthritis was observed in the wrist, knee, and proximal interphalangeal joints.

Laboratory tests including serum electrolyte levels, renal function tests, hepatic enzyme levels, prothrombin time, and activated partial thromboplastin time were within the normal ranges. Complete blood count and hemoglobin, hematocrit, leukocyte, and platelet counts were also within the normal ranges, but neutrophilia and elevated monocyte levels were observed. Erythrocyte sedimentation rate (77 mm/h, normal range: 0–20 mm/h), C-reactive protein level (6.27 mg/dl, normal range: 0–0.5 mg/dl), and rheumatoid factor (19.7 IU/mL, normal range: 0–14 IU/mL) were elevated. Urinalysis showed 2–3 leukocytes per field and was negative for protein and red blood cells.

Anti-neutrophil cytoplasmic antibodies (c-ANCA), perinuclear anti-neutrophil cytoplasmic antibodies (p-ANCA), anti-double-stranded DNA, anti-nuclear (ANA),