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Maculopapular eruption from sertraline with positive patch tests

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Case Report

A 66-year-old man was admitted with a generalized pruritic maculopapular rash and fever (38–39°C) of 3 days' duration. The rash became confluent at the skin folds, with purpuric and scattered targetoid lesions at day 4, with a few pustules by day 5. The Nikolsky sign was negative, mucous membranes were spared and there was no lymphadenopathy, hepato- or splenomegaly. 3 weeks before, he had started Zoloft™ (sertraline 50 mg/day p.o.) for depression. At day 4, there was a leucocytosis (18.80 G/l) with neutrophilia (90.6%) and an elevated PCR (3.6 mg/dl). By the end of the 1st week, there was also eosinophilia (7.5% out of 12.20 G/l leucocytes). Skin biopsy at day 4 revealed an infiltrate in the superficial dermis, mostly of lymphocytes and histiocytes with a few eosinophils and extravascular erythrocytes, and focal degeneration of the basal cell layer. Sertraline was stopped, and oral methylprednisolone and hydroxyzine hydrochloride started, with complete resolution within 1 month. No rechallenge was attempted.

4 weeks thereafter, the patient was patch tested on the back with Finn Chambers™ on Scanpor tape, with the standard series of the Portuguese Contact Dermatitis Group (Chemotechnique or Hermal-Trolab), several psychotropic drugs (carbamazepine 5% pet., diazepam 10% pet., fluoxetine (Prozac™) and paroxetine (Seroxat™) 5% in aq. and pet.) and Zoloft™ (as is aq. and 10% pet.). Readings on days 2, 3 and 4, according to ICDRG guidelines, showed positive reactions (++) only to Zoloft™. 6 months later, patch tests with pure sertraline (kindly supplied by Pfizer) at 1, 5 and 10% aq., eth. and pet., were positive (++) at all concentrations and vehicles tested. Sertraline 10% eth. and 10% pet. was negative in 20 controls.

Comment

Adverse reactions to sertraline have involved mainly GI, CNS and sexual functions (1). Cutaneous adverse drug reactions are not common (<2%), not definitively attributed to sertraline (2, 3) and rarely justify drug discontinuation (2–4). This is the 1st report of such an attribution at a high probability – I_3 – according to the criteria proposed by Moore et al. (5). The positive patch test reactions increase attributability to an even higher – I_4 – probability. Relevant positive patch test results are observed in only 20 to 37.5% of cases of cutaneous adverse drug reactions overall (6, 7), though in 45 to 59% of eczematous, exanthematic or delayed maculopapular reactions (7, 8). Certain drugs are particularly productive of positive patch test reactions, such as carbamazepine, β-blockers, tetrazepam, pennicillins and sulfa derivatives (6, 7), and to these we can probably add sertraline.

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