

Research Paper

Medical Science



Amitriptyline Induced Skin Reaction : Case Report

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ABSTRACT

Skin reactions are common side effects with all psychotropic drugs including antidepressants. Skin reactions due to amitriptyline include rashes and hypersensitivity reactions. We present here a case of a 28 year old woman who developed skin rash and reactivity after amitriptyline therapy and the skin lesions resolved on discontinuation of the drug.

Keywords : Amitriptyline, skin reaction, rashes

INTRODUCTION

Antidepressants are amongst the most widely prescribed psychotropic drugs with tricyclic drugs like imipramine and amitriptyline being in use since the past four decades [1]. Amitriptyline is a tricyclic antidepressant prescribed for the management of depression in the presence of somatic symptoms, insomnia, headache and neuropathic symptoms [2]. It has the propensity to cause skin reactions like rashes and hypersensitivity reactions (urticaria and photosensitivity) along with acne or fixed drug eruptions [3]. We report herein a case of a 28 year old with major depressive disorder that developed a skin reaction while on amitriptyline and after few months of treatment. The skin lesions resolved on discontinuation of the drug.

CASE REPORT

A 28 year old unmarried woman who was working visited our out patient department 3 months ago with chief complaints of feeling sad and depressed, crying spells, multiple aches and pains, headache off and on, sleep disturbances and low appetite since the past 3 weeks. She also mentioned that she had financial stressors and interpersonal problems with her parents. She was diagnosed as having major depression and was started on Amitriptyline 50mg per day in divided doses which was later increased to 75mg in divided doses. She was 80% better in a month of therapy and was also coming regular counselling sessions. She was following up regularly and was 95% symptom free when she presented with a skin reaction of sudden onset.

She woke up one morning with a skin rash on both forearms

and face which is acneiform like, pustular and itchy while being reddish in colour and she presented to the emergency medicine department of our hospital as she thought she had an allergic reaction and was directed to us. She was then referred to the dermatology department where they diagnosed her as having an atypical drug induced skin reaction (generalized exanthematous pustulosis) which they attributed to amitriptyline. They advised discontinuation of the drug and prescribed Clobetasol local application cream for a 3 day period. We discontinued the same and the lesions resolved in 48 hours. We gave a break of medications for a week wherein there was a 20% resurgence of depressive symptoms. We reinitiated Amitriptyline at 25mg at night but the skin lesions reappeared. They resolved yet again on discontinuation of the drug. Hence we permanently discontinued Amitriptyline and shifted the patient to Escitalopram at a dose of 10mg per day. She is presently better and doing well.

DISCUSSION

Amitriptyline has been associated with skin rashes and hypersensitivity reactions. Skin lesions with amitriptyline have been attributed to the effect of amitriptyline causing the functional disruption in cellular activity that leads to skin reactions [4]. Causes of skin reactions could also be genetic sensitivity to the drug or cross reactions with other concomitantly prescribed drugs which is not applicable in our case [5]. In many cases however the cause is unknown. It is however important that we as clinicians be aware of the skin side effects of antidepressants and it is commonly prescribed by psychiatrists and primary care physicians alike.

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