



## Sertalin ile ilişkili peteşiyal döküntü: Bir Olgu Sunusu

### Sertraline Associated Petechial Rash: A Case Report

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Dear Editor,

Sertraline is a selective serotonin reuptake inhibitor (SSRI) that is widely used in the treatment of various psychiatric disorders with a low adverse side effect profile. SSRI use has been associated with an increased risk of bleeding(1). Albeit uncommon, sertraline associated gastrointestinal and vaginal bleeding, epistaxis, ecchymosis, purpura, hematuria have been reported in the literature (2,3). We report a case of extensive petechial rash possibly due to sertraline use. Petechial rash disappeared after the cessation of sertraline and did not recur with venlafaxine use.

A forty eight-year-old female patient presented with anhedonia, lack of energy, feelings of sadness and worthlessness ongoing for three months. Her past psychiatric history revealed that symptoms similar to her present depressive episode started twenty years ago and recurred particularly during the winterseason. She had used many antidepressants before but she only benefited partially from venlafaxine and fluoxetine. For the past six months, she was not on any antidepressants. With a provisional diagnosis of recurrent depression, sertraline50 mg/day was prescribed. After four weeks of sertraline use, her mood improved, and she did not describe any side effects. Six weeks after sertraline use, petechial rash occurred in her body. In her physical examination,petechial rash was present in her arms, legs, and abdominal region.She didn't have a history of a hematological disorder or a bleeding disorder. She had not experienced any physical trauma that might have caused the lesions. She was not on any drug other than sertraline during this period. Her biochemical profile, and blood count including thrombocytes and bleeding time were all within normal limits. The patient was consulted to dermatology clinic in order to rule out other pathologies. Dermatologic examination revealed no other pathology, and it was stated that sertraline may be responsible for these lesions. After all further examination, the petechial rash was attributed to sertraline use and it was stopped. After a couple of days her petechial rash diminished, and it disappeared totally in a week. Three weeks later, venlafaxine 37.5 mg/ day was started for her recurring depressive episodes, and then titrated to 75 mg /day. She has been on venlafaxine 75 mg/day with a good clinical response for the past ten months, and she has not had any similar dermatological complaints during her follow-up.

It is well-known that the release of serotonin plays a major role in platelet aggregation. Blockade of serotonin transporters by SSRIs may lead to a lower concentration of serotonin in the platelets, thus causing bleeding (4). Lack of concomitant drug use or a bleeding disorder, normality of the blood tests, and the disappearance of the lesions after cessation of sertraline suggest that sertraline might be the possible cause of petechial rash in this case. Although venlafaxine associated bleeding has been reported in the literature, several studies have shown that the risk is specific to SSRIs, and non SSRI antidepressants have been reported not to increase the risk as was the case in our report (5).

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