Paroxetine-induced multifocal fixed drug rash: An incident, hitherto unreported

Sir,

Fixed drug eruptions (FDEs) are uncommon cutaneous side effects of various drugs. Antidepressants are lesser known causative agents and selective serotonin reuptake inhibitors (SSRI) are considered even safer; however, we hereby report the first case of paroxetine-induced FDE.

A 40-year-old male patient presented with sudden onset, multiple hyperpigmented patches over upper back, trunk, abdomen, dorsum of hand, and posterior aspect of both thighs within 12 h of intake of paroxetine which was prescribed by a psychiatrist. He was diagnosed with major depressive disorder by the same psychiatrist 6 months back and paroxetine was given at that time. He had a similar episode at the start of the therapy where lesions appeared over his upper back only and they self-resolved with hyperpigmentation. Following this, the patients stopped the medication.

Dermatological examination showed multiple coin-shaped hyperpigmented, well-demarcated patches varying in diameter from 1.5 cm to 6 cm over upper back, trunk,
abdomen, dorsum of hand, and posterior aspect of both thighs. The lesions were mildly scaly and pruritic. Nail, hair, and mucosal examination showed no abnormality. The patient party refused skin biopsy considering the mental state of the patient.

According to the modified Hartwig and Siegel’s adverse drug reaction severity assessment scale, the reaction due to paroxetine was labeled as “mild” (level 2). Naranjo scale and WHO Uppsala Monitoring Center scale gave a score of 8 which suggests the reaction as “probable adverse effect.”

Thus, a diagnosis of paroxetine-induced fixed drug reaction was done based on the history and clinical examination. Paroxetine was stopped, and the patient was referred to the psychiatrist to start another antidepressant. He was given betamethasone cream to be applied twice daily for 3 weeks. On follow-up, only some residual hyperpigmentation was seen for which 4% hydroquinone was given. The case was “preventable” according to the Preventability criteria given by Schumock and Thornton scale as there was reliable history of a previous similar reaction to the same offending drug.

Paroxetine is an SSRI used for obsessive–compulsive disorder, major depression, panic disorders, generalized anxiety disorders, and social phobia. Akpinar and Dervis conducted an 8-year study wherein they found one case of paroxetine-induced urticaria and angioedema. This report should make us aware of this rare adverse effect of paroxetine, which might be an anxiolytic and antidepressant for the patient but can become a cause for anxiety to the prescriber if not dealt with early.

Financial support and sponsorship Nil.

Conflicts of interest There are no conflicts of interest.