Sertraline and Hyperpigmentation: A Case Report

To the Editor: May 8, 2007

Sertraline is a selective serotonin reuptake inhibitor (SSRI) that affects the serotonin neurotransmitter. Reported side effects of SSRIs are mostly mild and the most frequent are headache, vomiting, insomnia, and tremor. Reported skin reactions to SSRIs are mainly rash. There are some reports of hyperpigmentation with fluvoxamine and paroxetine. There is only one case report of hyperpigmentation and sertraline where the exact time of onset, its localization, and drug dosage were not reported.

CASE REPORT

F.M. is a 56-year-old woman referred due to depression, irritability, insomnia, hopelessness, agitation, fatigue, helplessness, and decreased level of function from ~3 years ago. She has not taken any antidepressant during the last 6 months prior to referring to the psychiatrist. She was diagnosed with major depressive disorder as per Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnostic criteria.

Sertraline was intiated at 25 mg/day and titrated to 100 mg after 28 days. She took it regularly and her depression was significantly improved in follow up visits. Three months later, there was a complaint regarding gray-brown hyperpigmentation that was limited only to her forehead. The patient had no history of similar pigmentation in the past. Although it was recommended to change her medication, she refused and continued taking it for 7 months. Three months after discontinuation, her hyperpigmentation was persistent. She was visited by an internal medicine specialist and there was no positive finding in the results of systematic medical examination and laboratory examination such as blood level of potassium, blood level of sodium, ratio of white blood cells, fasting blood sugar, thyroid function tests, and electrocardiograph. There was not any evidence of Addison's disease. There is no photograph of the lesion.

CONCLUSION

This report may potentiate the possible relationship between sertraline and hyperpigmentation. Melanin pigmentation disturbance was reported to be related to changes in color of skin. α-melanocyte stimulating hormone (α-MSH) production is related to dopamine and serotonin. α-MSH stimulates tyrosinase and melanin synthesis may be related to hyperpigmentation. However, there are some limitations that should be considered (eg, skin biopsy was not done, because the patient refused).

Sincerely,
Ahmad Ghanizadeh, MD

REFERENCE


Dr. Ghanizadeh is assistant professor of Child and Adolescent Psychiatry at Shiraz University of Medical Sciences at Hafez Hospital in Iran.

Disclosure: Dr. Ghanizadeh does not have an affiliation with or financial interest in any organization that might pose a conflict of interest.

Please send letters to the editor to: CNS Spectrums, c/o Eric Holland, MD, 333 Hudson St., 7th Floor, New York, NY 10013; E-mail: vj@mblcommunications.com.
Optimizing Antipsychotic Efficacy and Tolerability

Learning Objectives

- Review the unmet needs in the diagnosis and treatment of schizophrenia and bipolar disorder and discuss the medical comorbidities affecting patients with mental illness.
- Examine treatment issues surrounding atypical antipsychotics, including optimizing efficacy while minimizing metabolic risks.

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Managing Bipolar Disorder in Primary Care: A Case-Based Approach

Learning Objectives

- Improve skills for the differential diagnosis of bipolar mixed and manic episodes from unipolar depression.
- Discuss the medical comorbidities affecting patients with bipolar disorder.
- Examine treatment issues surrounding atypical antipsychotics, including optimizing efficacy while minimizing metabolic risks.

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