Urticarial Vasculitis Induced by Fluoxetine

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Skin adverse effects associated with fluoxetine are observed in 3% of patients [1 -3]. We here report a case of urticarial vasculitis clearing after the interruption of fluoxetine.

A 49-year-old woman presented with a 3-week history of a slightly pruritic, well-demarcated, papular urticarial eruption localized on the internal side of her thighs. The eruption occurred every day, at the same hour between 9 and 10 h a.m. and disappeared 3-4 h later. Asymptomatic pink macules (10 × 10 cm) on both thighs were noticed after the eruption. She had no fever, no arthralgia, no abdominal pain, no lymphadenopathy. The remainder of the physical examination was normal. The patient had been taking met-formin and glibenclamide for diabetes mel-litus and zopiclone for insomnia for more than 1 year, dydrogesterone for dysmenor-rhea for 7 months and fluoxetine for depression for 2 months. She took fluoxetine at 7 h a.m. A skin biopsy of an urticarial papule showed vasculitis and edema of the papillary dermis. Direct immunofluorescence studies were negative. No other biological abnormality was observed. Fluoxetine was discontinued. The eruption had disappeared 7 days later. No rechallenge was performed. Two months later, she had no recurrence.

We believe that our patient had a fluo-xetine-induced urticarial vasculitis-like drug eruption for the following reasons: the appearance of the eruption 4 weeks after the beginning of fluoxetine therapy and the resolution of the eruption 7 days after discontinuation of fluoxetine without recurrence 2 months later. However, rechallenge was not performed to confirm the diagnosis.

The occurrence of a rash 2-3 h after the intake of fluoxetine is interesting. We may suggest that the rash was concomitant with the serum peak levels of fluoxetine. The majority of allergic reactions to fluoxetine are mild or moderate in severity and limited to localized cutaneous symptoms [1-4]. To our knowledge, fluo-xetine-induced urticarial vasculitis without argument for serum sickness has not been reported in the literature, but skin biopsies were not performed systematically [4, 5].

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