

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.¹

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 initiated 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 med-

ical 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

1. Puijtenbroek EPV, Grootheest ACV, Diemont WL. Hyperpigmentation associated with the use of serotonin reuptake inhibitors. *Pharmacoepidemiology and Drug Safety*. 2002;11(S2):264-265.

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

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Please send letters to the editor to: CNS Spectrums, c/o Eric Hollander, 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

Faculty

Peter F. Buckley, MD

Professor and Chairman
Department of Psychiatry and Behavioral Health
Medical College of Georgia
Augusta, GA

David G. Folks, MD

Professor of Psychiatry
University of Nebraska College of Medicine
Omaha, NE
Chief of Psychiatry and Behavioral Health Services
Maine General Medical Center
Augusta and Waterville, ME

Jonathan M. Meyer, MD

Assistant Professor of Psychiatry in Residence
Department of Psychiatry
University of California, San Diego
San Diego, CA

Vivek Singh, MD

Assistant Professor
Department of Psychiatry
University of Texas Health Science Center
San Antonio, TX

Live Symposia

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May 5 • Washington, DC
June 1 • Dearborn, MI
June 30 • St. Louis, MO
TBD • Pittsburgh, PA

Teleconferences available
April 9 – June 7

Live Symposia

April 27 • Boise, ID
May 12 • San Antonio, TX
June 23 • Tulsa, OK
June 29 • Little Rock, AR
TBD • Atlanta, GA

Teleconferences available
April 12 – June 19

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

Faculty

Larry Culpepper, MD, MPH

Professor of Family Medicine & Founding Chairman
Department of Family Medicine
Boston University School of Medicine
Boston, MA

Daniel E. Diamond, MD, FAAFP

Clinical Assistant Professor
University of Washington School of Medicine
Seattle, WA

Andrea Matthew Fagiolini, MD

Associate Professor of Psychiatry
Medical Director, Bipolar Disorder Center
University of Pittsburgh School of Medicine
Western Psychiatric Institute and Clinic
Pittsburgh, PA

S. Nassir Ghaemi, MD, MPH

Associate Professor of Psychiatry and Public Health
Director, Bipolar Disorder Research Program
Emory University
Atlanta, GA

Neil S. Kaye, MD, DFAPA

Clinical Assistant Professor of Family Medicine
Clinical Assistant Professor of Psychiatry
and Human Behavior
Jefferson Medical College
Philadelphia, PA

Peter J. Knoblich, MD

Staff Physician
Sutter Roseville Hospital
Roseville, CA
Private Practice
Northern California

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or to register, go to
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