Sir,

Sertraline (Zoloft®) is a new selective inhibitor of serotonin re-uptake. This family of antidepressant drugs is considered to be safe, and cutaneous adverse reactions have rarely been reported (1). We report here a patient who developed Stevens-Johnson syndrome (SJS) after starting treatment with sertraline (Zoloft®).

A 96-year-old woman was admitted with a cutaneous and mucosal eruption. Sertraline and arginine chloride treatment had been initiated 3 weeks before the eruption. Sertraline had replaced paroxetine (Deroxat®), initiated 7 weeks before the eruption for depression. Her general condition was good, and her temperature was 37°C. The cutaneous lesions were found on the face, trunk and proximal parts of the limbs, and were erythematous or purpuric, with an atypical flat target appearance, without significant epidermal detachment. Nikolsky's sign was negative. She had painful oral erosions and conjunctivitis. Histological examination of a skin biopsy showed total necrosis of the epidermis, direct immunofluorescence was negative, and the blood cell count was normal.

The diagnosis of SJS was retained because of the association of macular and purpuric lesions with an atypical flat target appearance involving the trunk and face has been reported (2). This syndrome is usually related to drug intake (3), and sertraline and arginine chloride treatment were withdrawn and the cutaneous eruption disappeared in 7 days. Control of serology for Mycoplasma pneumoniae was negative. Sertraline and arginine chloride treatment had been initiated 3 weeks before the eruption. If a severe cutaneous side effect (SJS or TEN) occurs, it would be better to change the drug family (8).

REFERENCES


