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MANAGEMENT OF A RARE CASE OF MACULOPAPULAR EXANTHEMA WITH ESCITALOPRAM USE IN A PATIENT WITH ANXIETY AND RESTLESS LEG SYNDROME

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OBJECTIVE: Even though exanthemas are the most common adverse cutaneous reactions with psychotropic medications, escitalopram, a selective serotonin reuptake inhibitor(SSRI), is not typically associated. A rare case of escitalopram induced maculopapular rash in a patient with anxiety disorder and restless leg syndrome (RLS) is presented, emphasizing the pharmacological challenges due to concurrent morbidities and adverse effects.

CASE: (The patient consent must be provided and specified with appropriate terms). A 46-year-old female, who had been receiving treatment for hair loss from the dermatology clinic for five months, applied to the psychiatry outpatient clinic. She was married with three children and working in a government office. She complained of feeling heavy and worried. She was on hydroxychloroquine for hair loss and levothyroxin because of Hashimoto thyroiditis. Her affect was anxious. She described difficulty falling asleep, and a detailed anamnesis led to the diagnosis of RLS. International Restless Legs Study Group Rating Scale(IRLS) score, evaluating the severity of RLS, was 10 out of 40. Her biochemical parameters were unremarkable. She was started on escitalopram10 mg/d. On the 5th day, eruptions spread from her torso to the extremities and back. Oral prednisolone and an antihistamine were prescribed. Escitalopram was stopped. The patient was offered fluoxetine, with recommendations to discontinue if the rash recurs. After three weeks, the rash didn't recur, nor did the patient's symptoms improve. Fluoxetine was changed to venlafaxine 75 mg/d, and the patient's symptom severity decreased. She was advised on regular exercise, which is known to improve RLS symptoms. Her IRLS score didn't increase. The patient signed the written informed consent form.

DISCUSSION: SSRIs are the most common prescription for anxiety. The rate of drug-induced skin reactions due to antidepressants is <0.1%; reactions with escitalopram are relatively less among these. Serotonergic medication also exacerbates RLS, which limits treatment options. It's important to use validated instruments, like IRSL, in cases where management is complex.

Keywords: Skin reaction, maculopapular exanthema, escitalopram, RLS