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Bupropion-Induced Erythema Multiforme

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Dear Editor:

Drug reactions affecting the skin are more common than other parts of the body. Most drug-related skin reactions are easily treated benign lesions. However, in rare cases, severe lesions may also be observed. Skin reactions are particularly common in women, elderly people, people of African ancestry, multidrug users, and people with serious diseases. The frequency of skin reactions due to psychotropic drugs is reported to be 0.1%; almost one-third of them are due to antidepressants¹. The frequency of skin reactions is 0.54% among 109,000 people taking antidepressants².

Bupropion is a new-generation antidepressant that mainly inhibits dopamine (by approximately 25%) and less substantially noradrenaline reuptake in neurons³. It is generally well tolerated. This prevalence of rash and pruritus in patients taking bupropion is 3.7%². Here, we report a case of bupropion-induced erythema multiforme.

A 31-year-old woman with depression was being treated

with bupropion 150 mg/day. On the sixth day of treatment, she started to suffer from headache, fatigue, and sub-febrile fever. In addition, vesicular lesions surrounded by pink areas developed on the upper extremities (Fig. 1). Therefore, dermatological consultation was requested. As a result, she was diagnosed with erythema multiforme. The possible causes of this disease were investigated. No pathologies were identified from the results of a hemogram, routine biochemical tests, thyroid function tests, erythrocyte sedimentation rate, full urine examination, or electrocardiography. Neither a provocation test nor skin test was performed. She had no remarkable disease history or allergic reaction. Therefore, bupropion treatment was terminated. Upon treatment termination, the lesions regressed, leaving hyperpigmentation starting from the third day and were completely healed within two weeks (Fig. 2). A few cases of erythema multiforme caused by bupropion

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Fig. 1. Two, 2~3 cm, vesicular lesions on the right forearm.



Fig. 2. Skin lesions after the termination of the bupropion treatment.

have been reported^{4,5}. If a skin reaction caused by an antidepressant occurs, the drug must be ceased immediately, followed by a washout period of one week or 3~4 half-lives of the drug before starting a new antidepressant from another group. As the skin lesions in such cases are generally type 1 hypersensitivity reactions, a new antidepressant from a different class must be administered. Clinicians should be aware of antidepressant-induced skin reactions and inform their patients about digestive, psychi-

atric, metabolic, autonomic, neurologic, and sexual side effects of antidepressants.

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