Acute Generalized Exanthematous Pustulosis Induced by Amoxapine

Sir,

Toxidermia is a well-known complication of antidepressor therapy, often related with photosensitization. We report a case of amoxapine-related acute generalized exanthematous pustulosis (AGEP) which regressed at drug withdrawal.

CASE REPORT

A 55-year-old woman was hospitalized with a generalized cutaneous eruption. She had no personal or family history of psoriasis. Twenty days before her admission, oral therapy with 100 mg/day of amoxapine had been started for depression. Ten days after initiation of amoxapine, the patient came for a consultation complaining of an erythema of the trunk, she had rapidly developed a generalized eruption accompanied by fever. On examination there were symmetrically distributed pustules which were more numerous on the dorsa of the hands and on the thighs (Fig. 1), but which were also present to a lesser extent on the trunk and arms. The pustules were pinhead size, and surrounded by a narrow inflammatory rim with an exfoliative pattern. Bacteriological culture of the pustules did not produce any growth of organisms. Histologic features were typical of AGEP (Fig. 2). Laboratory analysis also showed a high granulocyte count (18×10^9/L), erythrocyte sedimentation rate was 80 in the first hour. The skin eruption completely disappeared within 1 week of stopping amoxapine and there was no relapse in the following 6 months.

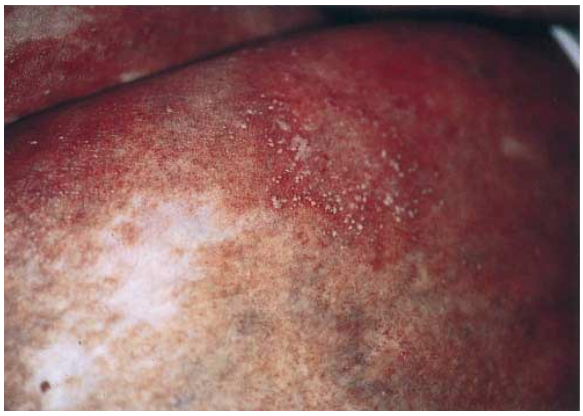

Fig. 1. Non-follicular pustules on the thighs.

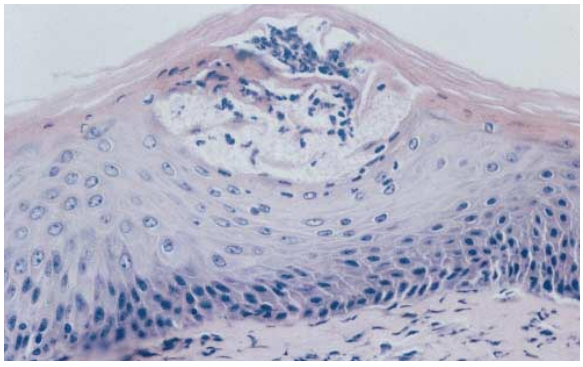

Fig. 2. Aseptic multifocal spongiform pustule in the epidermis of the patient (haematoxylin-eosin, ×25).

DISCUSSION

In this case, the diagnosis of AGEP has a solid clinical and histologic basis. The involvement of amoxapine is also probable because it was the only drug administered before the onset of AGEP and because the skin completely cleared with no relapse after discontinuation of the therapy. To our knowledge, this case is the second report of AGEP induced by amoxapine (heterocyclic antidepressant from dibenzo-oxazepines family) (1). The most frequent causative factor involved in AGEP is reaction to drugs, mainly antibiotics (2). Although two cases of toxic epidermal necrolysis induced by amoxapine have been reported, cutaneous adverse reactions are more often photosensitization, urticaria, exanthema, erythema multiforme and Stevens-Johnson syndrome, cutaneous vasculitis (3, 4). Cross-reactions between different families of antidepressants are always possible but, if necessary, it is preferable to use another family under cutaneous attention (4).

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Accepted December 8, 1997.

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