

UNUSUAL CAUSE OF BREAST ECCHYMOŚIS: SERTRALİNE

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Dear Editor,

Sertraline, a selective serotonin reuptake inhibitor (SSRI), is an antidepressant used in the treatment of psychosomatic disorders. Hematological side effects have been reported in association with sertraline treatment in a few cases (1,2). In this study, we aimed to present the case of a patient who had sertraline-related ecchymosis of the breast.

An 18-year-old female patient presented to our clinic with complaints of swelling and ecchymosis in the right breast. Her past medical history showed a similar ecchymosis in the same breast and same location without an incidence of trauma or assault. She had no history of any systemic disease. Detailed physical examination revealed neither palpable masses in both breasts nor enlarged lymph nodes in both axillary areas. Hematoma or fluctuation was not observed below the ecchymotic area. Bilateral breast and axillary ultrasound showed no pathological finding. Biochemical blood analyses including bleeding and coagulation time tests, activated partial thromboplastin time and thrombocyte count were within normal limits. In the mean time, one of the relatives of the patient informed that she has been treated with sertraline 50 mg/day for depression. Since I knew that SSRI antidepressants increase the bleeding tendency, after consulting her psychiatrist, we started tricyclic antidepressant treatment instead of sertraline, as well as topical chondroitin polysulfate (Hirudoid Forte Creme, Santa Farma, Istanbul) treatment. During the follow-up phone call after one week of treatment, the patient stated that the ecchymosis healed nearly completely.

SSRIs are the most frequently used group of antidepressants in the treatment of children and adolescents with depression and anxiety disorders. Bleeding disorders and hematological adverse effects may be rarely observed (1), while the most common side effects include nausea-vomiting, diarrhea, agitation, sleep disorders and sexual dysfunction. Although bleeding disorders may be associated with all kind of antidepressants, they have been observed more frequently in patients treated with SSRIs. In the literature, there exist case reports regarding adverse effects such as



Figure 1. Appearance of the ecchymosis in the right breast.

ecchymosis, purpura, epistaxis, vaginal bleeding, gastrointestinal bleeding and hematuria associated with use of fluoxetine, fluvoxamin, paroxetine and venlafaxine (1,3). To our knowledge, until today, an adverse effect presenting with ecchymosis related to SSRIs use has not been reported. It has been supposed that during SSRI use, the ability of platelets to aggregate deteriorates due to decreased levels or depletion of serotonin, therefore, the bleeding tendency increases (4). However, in order to support this theory, assessments of platelet dysfunction should be performed.

Considering the absence of either history of trauma/drug use (except sertraline) or any abnormality in the bleeding parameters, in addition to the rapid recovery after drug cessation, we suppose that the clinical disorder was due to sertraline use in the patient presented in this study. Moreover, the literature regarding hemorrhagic side effects associated with SSRI use supports our opinion. However, the major restricting factor is that a hematology unit for assessment of platelet dysfunction is not available in our center. This case has shown how important is to obtain detailed patient history of drug use.

References

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