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Quetiapine-Induced Dermatological Allergy: A Rare Cutaneous Adverse Reaction to an Atypical Antipsychotic

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Abstract **Case Report**

Background: Quetiapine, an atypical antipsychotic frequently prescribed for psychotic and mood disorders, is generally well tolerated. Dermatological adverse reactions are rare but clinically significant, warranting careful attention. ***Case presentation:*** We report the case of a 34-year-old female treated for a major depressive episode with anxiety comorbidity who was receiving paroxetine 20 mg daily. Quetiapine 25 mg was added at bedtime to manage persistent insomnia. Two days after initiation, she developed an erythematous, intensely pruritic, maculopapular rash affecting the upper chest, neck, back, and left cheek. There was no mucosal involvement, fever, or swelling. Laboratory findings were within normal limits. Quetiapine was promptly discontinued, and the patient was treated with an oral antihistamine, leading to complete resolution within two weeks. ***Conclusion:*** This case strikingly illustrates a probable quetiapine-induced cutaneous hypersensitivity reaction occurring even at a remarkably low dose. Clinicians should remain vigilant for dermatological side effects, promptly recognize them, and report such cases to enhance pharmacovigilance data.

Keywords: Quetiapine, drug-induced rash, hypersensitivity, dermatological reaction, psychiatry, Atypical Antipsychotic, Maculopapular Eruption, Pharmacovigilance, Naranjo Scale.

1. INTRODUCTION

Quetiapine is an atypical antipsychotic widely used in the treatment of schizophrenia, bipolar disorder, and major depressive disorder. At low doses (25–50 mg), it is frequently prescribed off-label for conditions such as insomnia and anxiety due to its sedative properties, primarily mediated through histamine H1-receptor blockade.

While quetiapine is generally considered to have a favorable safety profile, cutaneous adverse reactions have been occasionally reported. These can include common manifestations like rash and urticaria, but, rarely, also severe reactions such as Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) or Stevens–Johnson syndrome.

Given that such reactions are uncommon, documenting these experiences is crucial. It contributes to a better understanding of the drug's safety profile, raises awareness among clinicians, and ultimately supports safer use of this widely prescribed medication.

2. CASE PRESENTATION

We present the case of a 34-year-old female diagnosed with a major depressive episode with anxiety comorbidity. She had been receiving paroxetine 20 mg/day for several weeks with partial improvement. To address her persistent insomnia, quetiapine 25 mg at bedtime (immediate-release formulation) was added to her regimen.

After just two days of treatment with quetiapine, the patient developed an intensely itchy, erythematous maculopapular rash. It initially appeared on the upper chest and neck, then progressively spread to the upper back and shoulders, with notable involvement on the left cheek (Figure 3). Figures 1, 2, and 3 vividly

depict the extent of the eruption. Importantly, there was no mucosal involvement or involvement of the extremities, and she denied experiencing fever, malaise, or swelling.

Laboratory investigations, including complete blood count, and hepatic and renal function tests, were all found to be within normal ranges. Quetiapine was immediately discontinued upon suspicion, and the patient received an oral antihistamine for symptom relief. The eruption gradually subsided over the following two weeks, thankfully leaving no residual pigmentation or scarring. No rechallenge with quetiapine was attempted, and she continued paroxetine uneventfully, without any recurrence of the dermatological symptoms.

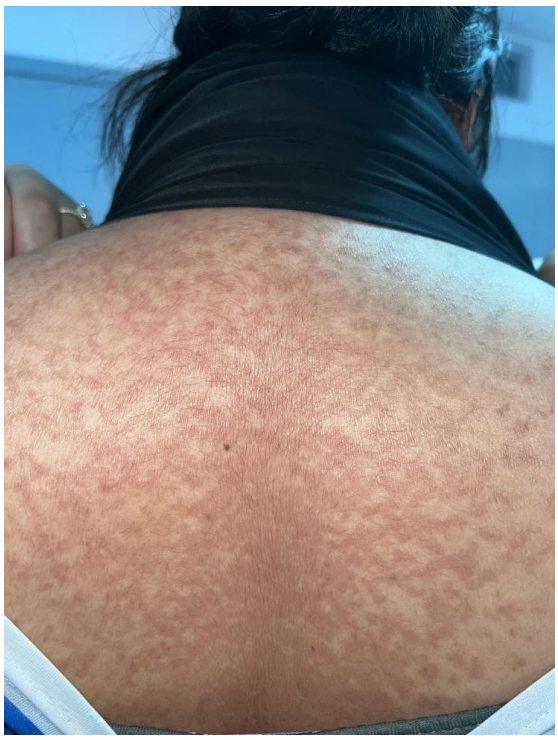

Figure 1: Erythématous maculopapular rash on the upper back two d ays after initiation of quetiapine 25 mg.

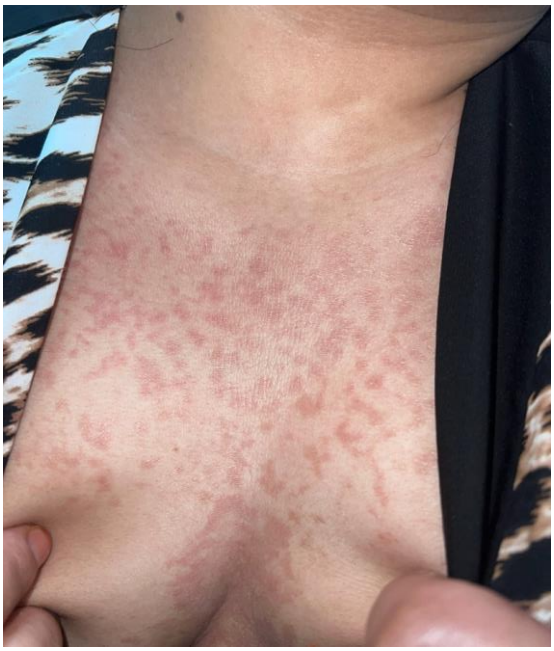

Figure 2: Extension of the eruption over the anterior chest and neck

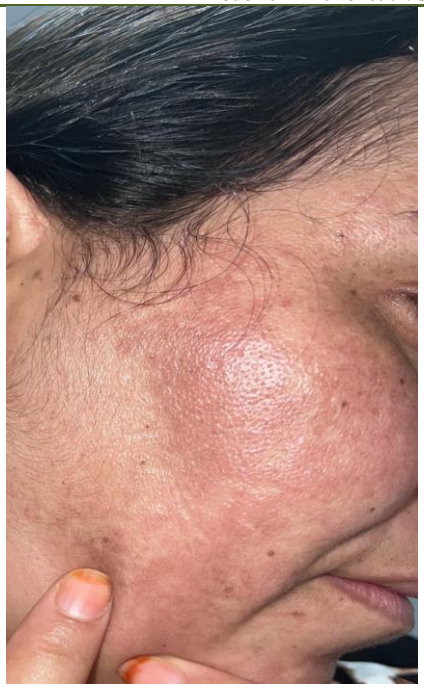

Figure 3: Maculopapular eruption noted on the cheek two days after initiation of quetiapine 25 mg

3. DISCUSSION

Cutaneous adverse drug reactions (CADRs) to antipsychotics are uncommon, and it is likely that many cases remain underreported. The estimated incidence of dermatological side effects with quetiapine is below 1%. These reactions can span a spectrum, from mild exanthematous rashes, as seen in our patient, to severe hypersensitivity syndromes.

The compelling evidence for a causal relationship in this case stems from several key observations: the rapid onset of symptoms just two days after initiating quetiapine, the absence of any other new medications that could explain the rash, and the complete resolution of the eruption following the drug's discontinuation. When assessed using the Naranjo Adverse Drug Reaction Probability Scale (1981), this case achieved a score of 5, firmly classifying it as a probable quetiapine-induced adverse reaction.

The precise mechanism underlying quetiapine-induced skin eruptions is not yet fully elucidated, but an immunoallergic reaction is strongly suspected. This could potentially be related to the formation of reactive metabolites or hapten formation, leading to a delayed hypersensitivity response.

This case particularly highlights that dermatological reactions can occur even at very low doses of quetiapine (25 mg)**,** which are commonly prescribed off-label for indications like insomnia or anxiety. The pattern of presentation (maculopapular rash on the trunk and face, early onset, and absence of mucosal or systemic involvement) is reassuring, pointing towards a less severe hypersensitivity reaction. Clinicians should therefore remain attentive and monitor for any new dermatological symptoms after starting quetiapine. Prompt recognition and discontinuation of the drug are typically sufficient to lead to complete recovery, as reassuringly observed in our patient. This is especially important when prescribing quetiapine for indications where the benefits may not always outweigh this potential, albeit rare, risks.

4. CONCLUSION

Our case demonstrates that quetiapine can, though rarely, induce dermatological allergic reactions even at remarkably low doses, particularly when prescribed for sleep or anxiety. Early recognition and prompt withdrawal of the drug are paramount for achieving favorable outcomes. Reporting such adverse effects is critical to strengthen pharmacovigilance data, enhance clinical awareness, and ultimately support safer prescribing practices within psychiatry.

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