

## Olanzapine Induced Acneiform Eruption: A Case Report

Sara Ennazk\*, Maryam Abrache, Imane Adali, Fatiha Manoudi

Mental Health Research Team, Ibn Nafis Psychiatric Hospital, Mohamed VI University Hospital, Marrakesh, Morocco

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\*Corresponding author: Sara Ennazk

### Abstract

### Case Report

Olanzapine is known for its multiple side effects, but dermatologic side effects such as acne are rare. We report here the case of a patient who presented with acne induced by olanzapine, discussing this case in the light of the literature.

**Keywords:** Olanzapine, acneiform eruption, case report.

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## INTRODUCTION

Olanzapine is a second generation neuroleptic with multiple side effects. The main known effects are metabolic and neurological. Nevertheless dermatological effects have been reported such as bullous eruptions, pellagroid lesion, and hyperpigmentation. To our knowledge, this is the first case in the literature to report an acneiform lesion induced by olanzapine.

## PATIENT AND OBSERVATION

Miss M.F, 21 years old, single, second in a family of 2 kids, student, with no particular pathological history, who presented to the psychiatric emergency room following a psychomotor agitation that has progressed for a week. A standard biological assessment was requested, returned normal. A brain CT scan was done, revealing no abnormalities. The interview found a restless patient with haughty contact, inconsistent speech, mystical delirium, auditory and visual hallucinations. It was concluded that it was an acute psychotic episode. The patient was hospitalized and put on olanzapine 10 mg / day combined with lorazepam 7.5 mg / day and levomepromazine 25 mg / day.

On day 3 of hospitalization, the patient presented with a papulopustular rash on the face, neck (Figure 1 & 2), back and thorax. A dermatological opinion has been requested. Dermatological examination found hairless skin, with inflammatory papulopustules in the seborrheic regions: face and trunk, without comedones. The mucous membranes and integuments were healthy. The diagnosis of induced acne was retained. The incriminated drug was olanzapine. The action to be taken was therefore to stop

the offending drug and start treatment for acne, based on cyclins, benzoyl peroxide, adapalene, with sun protection. The evolution was marked by a regression of the lesions on day 1 of stopping olanzapine, which was replaced by risperidone.



**Fig-1: Papulopustular lesion of the forehead, which appeared three days after the introduction of olanzapine**



**Fig-2: Papulo-pustular lesions of the neck. The absence of comedons reminds of induced acne**

## DISCUSSION

Olanzapine is known for its multiple side effects: weight gain, metabolic syndrome, extrapyramidal syndrome, akathisia [1]. However, little is known about its dermatological side effects. Some isolated cases have reported pellagroid lesions [2], hyperpigmentation [3], bullous rash [4]. We did not find any reported cases of acneiform rash following administration of olanzapine.

The psychotropic drugs implicated in the drug-induced acneiform rash are: lithium, anti-epileptics, sertraline, escitalopram oxalate, quetiapine, amineptine [5, 6]. Two cases of acneiform rash induced by aripiprazole have been reported [7, 8]. No case of olanzapine-induced acne has been found in the literature.

Drug-induced acneiform rash is distinguished from usual acne by the presence of a drug intake in the history, abrupt onset, and unusual location beyond the seborrheic areas. The lesion is monomorphic, papulopustular or inflammatory, without comedones. It is resistant to conventional acne treatment and resolves once the offending treatment is stopped [5].

## CONCLUSION

It is therefore necessary to closely monitor patients taking olanzapine for the first time. Any lesion must immediately stop the suspicious treatment and seek specialist advice.

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