
LETTER TO EDITOR

DERMATOLOGICAL SIDE EFFECTS OF OLANZAPINE

Sir,

Olanzapine has been recently introduced to India and is currently one of the most commonly prescribed antipsychotic medicines. Although relatively safe as compared to other antipsychotic medications, few reports have suggested debilitating side effects of olanzapine. Although dermatological side effects are uncommon with antipsychotic medicines, two recent reports have described skin rashes and eruptions with olanzapine.[1][2]

We describe a purpuric skin rash associated with olanzapine and a brief review of literature is also provided.

A 23-year-old man presented to us with history of recent heavy use of cannabis, which was followed by grandiose ideations, increased activity, decreased sleep, and increased self-esteem. A diagnosis of substance-induced mood disorder (DSM IV) was made and the patient was started on 15 mg of olanzapine. After 2 days of initiation of treatment, the patient was noted to have numerous purpuric spots over his face and trunk. These blanching nonpruritic purpura were not associated with any fever or any other signs of urticaria. The purpura extended to cover most of his trunk and face the following day, after which the dose of olanzapine was reduced to 5 mg/day and a mood stabilizer was planned. After the dose reduction, there was a mild reduction in the signs, but the purpura persisted. Because the manic symptoms were becoming difficult to control after a few days the olanzapine was increased to the previous dose. The purpuric rashes reappeared in a similar pattern over his trunk and face. The medicine was changed to Haloperidol 10 mg/day after which the rashes resolved spontaneously over the next few days. The patient was not on any other medication. There was no eosinophilia, or thrombocytopenia, and the liver function tests were within normal limits. Skin biopsy could not be done owing to the manic symptoms and uncooperative nature of the patient.

The adverse drug reaction probability score for the patient was ten, denoting a definite role of olanzapine in the occurrence of the rash.[3] Hypersensitive reaction with fever and hepatitis has been reported with olanzapine.[1] Other dermatological side effects that have been reported with olanzapine are eruptive xanthomas,[2] skin hyperpigmentation,[4] and purpura associated with thrombocytopenia. Congeners of olanzapine such as clozapine has been reported to have numerous dermatological side effects that are immune mediated. Very few reports are available about the dermatological side effects of olanzapine. Physicians should be aware of the various dermatological side effects of olanzapine.

S. T. VARGHESE, Y. P. S. BALHARA, S. SHYAMSUNDER, A. MONDAL
Junior Resident and Senior Resident, Department of Psychiatry and National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India
UNAIDS STATEMENT ON SOUTH AFRICAN TRIAL FINDINGS REGARDING MALE CIRCUMCISION AND HIV

The Joint United Nations Programme on HIV/AIDS notes with considerable interest the results of a trial examining the potential link between male circumcision and a lower risk of HIV acquisition that were presented today at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, being held in Rio de Janeiro, Brazil. The trial was carried out in Gauteng province in South Africa among men aged 18-24 years and was funded by the French Agence Nationale de Recherches sur le SIDA (ANRS).

Although the trial shows promising protective effects of adult male circumcision in reducing HIV acquisition, UNAIDS emphasizes that more research is needed to confirm the reproducibility of the findings of this trial and whether or not the results have more general application. In particular the findings from two ongoing trials in Uganda and Kenya, funded by the US National Institutes of Health, will be important to clarify the relationship between male circumcision and HIV in differing social and cultural contexts.

The results of these trials will need to be considered by governments and other key stakeholders in order to determine whether male circumcision should be promoted as an additional public health intervention to reduce the risk of sexual transmission of HIV.

If male circumcision is confirmed to be an effective intervention to reduce risk of acquiring HIV, this will not mean that men will be prevented from becoming infected with HIV during sexual intercourse through circumcision alone. Nor does male circumcision provide protection for sexual partners against HIV infection. It will therefore be essential that it be part of a comprehensive prevention package, which includes correct and consistent condom use, behaviour change, and voluntary counselling and testing. Any new prevention modality must not undermine existing protective behaviours and prevention strategies that reduce the risk of HIV transmission.

Although UNAIDS believes that it is premature to recommend male circumcision services as part of HIV prevention programmes, there is heightened interest from governments and the general public in male circumcision in a number of African countries. News of the trial results presented today may increase demand for male circumcision services. Governments should take steps now to ensure that male circumcision is conducted by trained practitioners in safe and equipped settings in order to reduce the rate of post-operative complications.

UNAIDS and other international agencies are working together to review available research results and their implications for HIV prevention and male reproductive health strategies in order to provide coordinated, consistent and up-to-date guidance and support to governments and other development partners.

Source: http://www.who.int/mediacentre/news/re-