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CASE REPORT

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Haloperidol decanoate-induced acneiform eruption: A case report

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Abstract
Haloperidol decanoate is a depot preparation of haloperidol, which may rarely cause dermatological side effects among other commonly seen side effects. A PubMed search did not reveal any report of acneiform drug eruption associated with haloperidol decanoate in English literature, although it is listed as a side effect by the manufacturer. We report a case of bipolar disorder patient with manic episode who developed acneiform lesions after treatment with haloperidol decanoate 300 mg for psychotic symptoms, and it subsided two weeks of injection of the drug.

Keywords: Acneiform eruption, bipolar disorder, drug side effect, female, haloperidol decanoate

Introduction

Drug-induced dermatological side effects are most frequently seen due to antibiotics and non-steroidal antiinflammatory drugs. Various forms of skin rash are reported with drugs used in psychiatry [1]. Drug-induced skin rashes are more frequently seen with lithium and mood-stabilizers but antipsychotics are also rarely reported [2]. A typical antipsychotic, haloperidol, which has potent dopamine (D2) receptor antagonism activity can cause pigmentation changes and its depot form haloperidol decanoate (HD) can also cause injection site reaction [3]. We found no reports of papulopustular skin rash with haloperidol decanoate injection and herein we report this rare complication in a bipolar disorder patient.

Case Report

A is a 19 years old female patient with no history of any psychiatric disorder and other disease whose father has a history of bipolar disorder. Her complaints started 3 weeks ago with irritability, difficulty in sleeping, psychomotor agitation, distractibility, excessive talking, and persecutory delusions after an incident when on the 10th day of her marriage she was left alone terrified in her house after her brother in law was shot and hospitalized. It was learnt that in a private psychiatry outpatient clinic haloperidol decanoate 300 mg was administered due to lack of efficacy after one week of oral risperidone 4 mg/day treatment. Five days after the injection she admitted to our outpatient clinic with extrapyramidal side effects and hospitalized in order to rule out neuroleptic malignant sydnrome. She had mild rigidity and bradykinesia, her orientation and consciousness were normal. She had no fever and her laboratory results including kidney functions, creatinine kinase, liver functions, thyroid functions, complete blood count were all normal. She was diagnosed with bipolar disorder manic episode with psyhotic features according to Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and her treatment was started with biperidene 2 mg/day, lithium 600 mg/day, and risperidone 3 mg/day. On the day of admission it was noted that she had symetrical skin rash on lateral part of her upper arm with papulopustular features (Figure 1). She had no complaints of pruritus, joint pain, edema, difficulty of breathing, and other clinical symptoms and she had no previous history of allergic rheumatological disease. Her skin rash was consulted to dermatology department. She was diagnosed with acneiform eruption and follow up without any medication was recomended (Naranjo Adverse Drug Reaction Probability Scale Score 6). Eruptions were resolved gradually without any medication in 2 weeks. She was discharged with complete resolution of her bipolar disorder symptoms with lithium 900 mg/day and risperidone 4 mg/day treatment after 3 weeks of hospitalisation.

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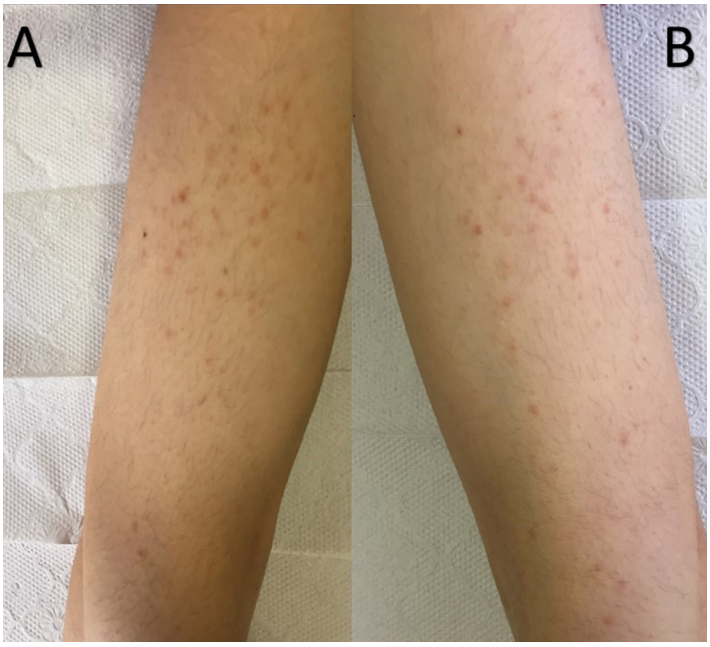

Figure 1. Skin Rash on Lateral Part of Upper Arms with Papulopustular Features

Discussion

Drug-induced acneiform eruption is characterised with abrupt onset of acne like eruptions related with drug use and improvement with the drug removal. It usually has monomorphic features occuring at unusual localisations in the body. Many drugs including corticosteroids, antituberculosis drugs, immunomodulating molecules, and psychiatric drugs were blamed as causative agents [4]. Among drugs used in psychiatry, antidepressants, antiepileptic drugs, and lithium are the most reported ones [5, 6] but antipsychotic drugs are rarely reported [7]. There have been other kinds of skin reactions including pigmentation changes and injection side reactions reported associated with haloperidol [3] but we could not find any case report about haloperidol decanoate injection causing acneiform eruptions although it is listed as side effect by the manufacturer. In our case, the eruption started after 5 days of probable due to haloperidol decanoate injection and faded after 2 weeks without any medication. Other possibilities such as systemic and infectious etiologies are excluded and a temporal relation between the drug use and onset of rash and improvement after stopping is noted. Patient's eruptions were improved rapidly under lithium treatment even though the association of lithium with acneiform eruptions are well documented. The mechanism underlying haloperidol decanoate-induced acneiform eruption is not known. But, in this patient, acneiform eruption could be explained on the basis of type III allergic mechanism, although no clinical signs of allergy were noted. Re-challenge with haloperidol treatment would have given additional information but because of the severe extrapyramidal side effects we could not use haloperidol again.

Conclusion

In conclusion, the side effects like skin rash can have negative implications on medication. We hope this case sensitizes the psychiatrists / physicians to make skin examination during haloperidol decanoate treatment.

Competing interests
The authors declare that they have no competing interest

Financial Disclosure
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