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Acute depression from isotretinoin. Another case

To the Editor

Psychological side-effects due to isotretinoin therapy have been previously described, with particular emphasis on depression and consequent suicide.^{1,2} Recent reports¹⁻⁴ confirm ongoing interest in this matter, which still remains controversial.

A 16-year-old male teenager was referred in January 2001 because of severe acne, which had been worsening over the last 3-4 months. The patient, a high school student and basketball player, did not show any embarrassment about his unaesthetic appearance, whereas his mother seemed to be particularly anxious and worried. Systemic treatment with isotretinoin, 0.75 mg/kg per day, was started. Five weeks later, the patient appeared to be fretful and beginning to complain about his acne. Moreover, his mother reported an increased irritability and a loss of concentration at school.

In the next 2 weeks, the situation came to a head. The mother returned to our consultation saying that her son was terribly depressed, often crying and frequently arguing with his parents. The patient was immediately examined, and the presence of pyogenic granuloma-like lesions on the cheeks confirmed that there was no improvement in the acne; in addition, typical features of major depression,⁵ including mood disturbances and behaviour changes, were clearly detectable. Finally, the treatment was discontinued and both mother and son were advised that psychotic symptoms quickly disappear after discontinuing the isotretinoin. Unfortunately, contact with them was lost after this episode.

Although several studies supported by Hoffmann-La Roche have provided no evidence of a correlation between isotretinoin therapy and psychiatric symptoms⁶⁻⁸ various cases of depression and a few cases of suicide or attempted suicide have been reported over the last 15 years.^{1,3} I believe that the number of reports of acute depression due to isotretinoin therapy are widely underestimated. Many physicians, in fact, avoid a priori the use of isotretinoin in a subset of patients considered predisposed to developing depression. Furthermore, some patients under isotretinoin do not complete the treatment successfully, on account of the appearance of hyperlipidaemia, myalgia or other side-effects that may have preceded the psychiatric symptoms.

In conclusion, before the therapy the patient had no complaints about the acne and no detectable psychiatric disorders, but his mother was extremely concerned, and had decided to consult a dermatologist and to start the therapy. It is quite likely that he was probably susceptible to developing depression, and that his mother's anxiety in association with the isotretinoin therapy had increased the depressive symptoms.

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Are we starting to induce skin cancer in order to avoid topical steroids?

To the Editor

For the last couple of years topical tacrolimus has started to be popular in treating atopic eczema. Its use has not been restricted to specialists only but also extended to other specialities and to general practitioners. It is stated by the manufacturer in the pamphlet enclosed with the ointment that

Exposure of the skin to sunlight should be minimized and the use of ultraviolet (UV) light from a solarium, therapy with UVB or UVA in combination with psoralens (PUVA) should be avoided during use of Protopic ointment. Physicians should advise patients on appropriate sun protection methods, such as minimization of the time in the sun, use of a sunscreen product and covering of the skin with appropriate clothing.¹