

Poster modality

Dress Syndrome associated to Lamotrigine treatment in a patient with BPD and sever alcoholism.

Authors: D. García-Fuentes¹, E. Carrió-Díez², G. Mateu-Codina¹, R. Sauras-Quetcuti¹, A.M. Coratu¹, L.M. Oviedo-Penuela¹, A. Garcia-Guix¹, J. Martí-Bonany², R. Sánchez-González², M.G. Hurtado-Ruiz², C. Castillo-Buenaventura¹, M.F. Fonseca^{1,3}, M. Torrens^{1,3}

¹Addiction Program. Institute of Neuropsychiatry and Addiction (INAD). Parc de Salut Mar. Barcelona (Spain).

²Psychiatric Hospitalization Program. Centres Assistencials Emili Mira i López (CAEM). Institute of Neuropsychiatry and Addiction (INAD). Parc de Salut Mar. Barcelona (Spain)

³.Departament of Psychiatry, Universitat Autònoma de Barcelona

E-mail: Daniel Garcia-Fuentes, Barcelona (Spain), telf. +34 649592421; mail: dgarciafuentes@psmar.cat

Introduction:

We describe a Clinical case of a patient with Borderline personality disorder (BPD) and alcohol consumption, that is admitted in a dual pathology hospitalization plant for stabilization, and during initial treatment with lamotrigine appears erythematous reaction with hepatic function involvement.

Clinical case: We report a case of a patient with severe BPD in dual diagnosis with sever alcohol consumption, accompanied with risk conducts like driving under the effects of alcohol, suicide attempted, and with sever repercussion on the quality of life of the patient and on her relatives. In the last hospital admission, we reviewed the clinical history evolution and the clinical episodes with the patient, observing a predominance of depressive episodes and symptoms in the last years. For that reason, we initiate lamotrigine treatment with the objective of regulate and stabilize the depressive symptoms and in order to reduce de instability and impulsivity of the borderline personality of the patient. After 12 days of treatment appeared a dermatological affection compatible with cutaneous affection of lamotrigine treatment, described as erythematous reaction (trunk and lower extremities) and febrile syndrome with involvement of the hepatic function (mixed pattern of anicteric cholestasis with TP of 51%). Abdominal ultrasound ruled out pathology of the bile duct. The patient is admitted in Internal Medicine for stabilization and is orientated as a Dress Syndrome, retiring lamotrigine and treated with prednisone 50mg, improving itching and rash, with clinical improvement and blood test normalization, with TP 82%. Then is returned to psychiatry to continue with her recovering process.

Conclusions:

Lamotrigine is a useful treatment as a mood stabilizer and with potential effectiveness in predominance of depressive symptoms. Is also a well-known his risk of somatic and dermatologic affection during the treatment, particular in its induction. We must be careful with the doses (slowly increasing during weeks) and with the psychical examination during this process, attending the dermatological impairment and the blood test for the correct management. In case of some finding, a rapid coordination with

internal medicine consultant is crucial for the early withdrawal and medical treatment of this presentation.

Conflicts of interest: no conflicts of interested of any of the authors regarding this communication.