Reviewer's report

Title: Case report: Itch and skin rash from chocolate during fluoxetine and sertraline treatment.

Version: 1 Date: 5 July 2004

Reviewer: Elke Weisshaar

Reviewer's report:

General

This case report describes a patient who developed itch and an urticarial reaction after having eaten chocolate while being on fluoxetine and sertraline treatment.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Authors:
according to the authors affiliation the patient was not seen by a specialist, neither by a dermatologist nor by a psychiatrist. This is quite striking because usually skin symptoms and skin rashes need a dermatological follow-up including an experienced dermatological eye, dermatological knowledge and allergy testing in some cases like the one reported. Besides, there are no laboratory data given as e.g. Ig-E and plasma serotonin.

Background:
it would be beneficial to summarize the dermatological side effects of SSRI for the less experienced reader. Besides, it should be mentioned that SSRI are used to treat different forms of pruritus (Hundley et al. J Am Acad Dermatol 2004; Davies et al J Pain Symptom Manage 2003, Tefferi Blood 2002 etc.)

Case presentation:
there is no information given on the patient's history of allergies and dermatological diseases. There is no information if the patient was on other medications, too. This is very important information, especially in the setting of urticaria, adverse reactions to food and pruritus.

In the second paragraph, the authors state that "no allergic symptoms appeared". This statement is inappropriate and speculative. The authors did not perform any diagnostic check-up and just assume that it is of allergic origin. They should write instead "no urticarial symptoms appeared". There are no laboratory data given e.g. Ig-E, plasma serotonin and 5-hydroxyindolacetic acid (5HIAA). If the authors conclude that the reaction is a consequence of an increase in serotonin concentrations, the reader is quite astonished not to read the serotonin levels (total blood pool, plasma, urine).

It would be helpful for the reader to know the average plasma serotonin content in SSRI-treated patients and how this could be affected by eating chocolate cake. The whole term of ADR should be written at least once in the manuscript because some readers may not know its meaning (adverse drug reaction).

Conclusion:
it would be beneficial and very interesting to get the attention of physicians of different specialities to the possible effects of increased serotonin content in SSRI-treated patients who eat chocolate. The discussion lacks a description of the differential diagnostic thoughts and possibilities.
On one side the authors speak of adverse drug reaction and the reader gets the impression that this is the interpretation for the urticarial reaction (side effect of SSRI). On the other side the authors conclude that the patient is sensitive to increase in serotonin.

When reading this case report there is no proof of aetiology and the reader is more confused than informed. It is most likely that the patient had an ADR to fluoxetine manifested as an urticarial exanthema. It is hard to say if the pruritus (especially felt on the scalp) may be due to the increased serotonin content or be a first sign of ADR. I myself have frequently seen patients who had pruritus (including the scalp) as an early onset of ADR. I have not read or seen that serotonin is capable of inducing urticaria. It is more likely that the patient developed two different reactions: first, an adverse drug reaction leading to mast cell depletion resulting in urticaria after intake of fluoxetine. Secondly, he developed pruritus after sertraline intake that may be interpreted as a reaction due to increased serotonin concentrations.

It may be of interest for the authors that there is a brandnew publication of "Pruritus induced by interruption of paroxetine therapy" in the Br J Dermatol 2004 by Mazzatenta C, Peonia G, Martini P.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No

**Declaration of competing interests:**

None