Reviewer's report

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

Version: 3 Date: 25 October 2004

Reviewer: Elke Weisshaar

Reviewer's report:

General

The manuscript is improved.

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

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the
author can be trusted to correct)

The topic is very interesting but the case report lacks information, medical and scientific work-up.

I find it striking and not common that this patient was never seen by a dermatologist. To my personal
understanding, a family practitioner is not a specialist (especially not in dermatology). I have no doubt
that a family practtioner may be experienced in dermatological problems. For a complicated and
unclear case like the one presented here it would have been an enrichment and an obligation to
have the diagnoses confirmed by a dermatologist for ruling out other differential diagnosis. Besides,
a variety of adverse reactions of the skin induced by SSRI are described and known. I don't know
how this works in Sweden but in other countries it is not a problem to present a patient within the
different departments of an University Hospital.

Background: rash should be replaced by exanthem; urticaria, pruritus, erythema multiforme should
be added.

Case presentation: the sentence: He had not previously... should be replaced by: The patient did not
have any history of allergy or dermatological diseases.

Atopy? There is still no information about this. How about vasomotor rhinitis after having drunk red
whine? Are there any type-I-sensitisations known? If not, it should be at least remarked in the text
because one will question type-I sensitisations when vasomotor rhinitis was observed.

To my understanding, it is still not clear if this was a drug-induced urticarial exanthema (fluoxetine) or
actually an urticarial exanthema induced by an interaction of the effect of this serotonin reuptake
inhibitor and the serotonin content of the chocolate. On one side, the patient is again on fluoxetine
which contradicts an allergic mechanism. On the other side: How do the authors explain that the
patient had urticaria after fluoxetine and pruritus after sertraline? It is still doubtable that high levels
of serotonin induce urticaria.

In their last paragraph they reduce it to “occurred only when he had eaten chocolate”. This needs
clarification. I am sure that this circumstance remains unclear but the authors should discuss the
complexity and the possible explanation more accurately. I think that the authors should clearly state
that this was an important and interesting observation in SSRI treatment that should be recognized by physicians prescribing this type of drugs but that the aetiology is not clear and the mechanisms of origin discussed are speculative.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No