Introduction
Acute pancreatitis is a severe disease with considerable morbidity and mortality. Many risk factors are causally related to acute pancreatitis. In this report, a case of acute pancreatitis with possible causal relationship with the use of a selective serotonin reuptake inhibitor, sertraline, will be discussed. After one month of treatment with sertraline, a female patient, 55 years-old, developed a severe abdominal pain and showed a serum amylase elevation. She was admitted to the hospital and the use of sertraline was interrupted. After that, the symptoms remitted and the serum amylase level returned to normal. Because of the potential severity of this disease and the widespread use of sertraline, this association should be reminded when investigating possible causes for acute pancreatitis.

Case-Report
A previously healthy 55-year-old woman was admitted to treatment for depression. She had quit smoking for five months before admission she has been taking methylodopa and thiazide diuretics for hypertension. She had no evidence of biliary tract and endocrine diseases or alcohol abuse. She was treated with paroxetine, mirtazapine and diazepam without significant improvement of her depressive symptoms. These drugs were interrupted and the patient started to take sertraline 50 mg/day. One month later, the depressive symptoms started to improve and she was kept on sertraline, methylodopa and thiazide diuretic for three months. Suddenly she developed severe abdominal pain and was admitted to an emergency room. Laboratory results included: hemoglobin 13.1 g/dl (normal 10-12 g/dl), leucocytes 9.2X10³ u/mm³ (normal 5-10X10³ u/mm³), sodium 150 mmol/l (normal 140-148 mmol/l), potassium 3.5 mmol/l (normal 3.4-5.3 mmol/l), calcium 7.8 mmol/l.
mmol/l (normal 8.5-10 mmol/l), aspartate transaminase 54 U/l (normal 15-37 U/l), alanine transferase 100 U/l (normal 30-65 U/l), alkaline phosphatase 131 U/l (normal 50-136 U/l) and serum amylase 708 U/l (normal 29-115 U/l). Abdominal ultrasound revealed a swollen pancreas.

Methyldopa is a widely used antihypertensive but has a high incidence of adverse effects. Acute pancreatitis has been described in association with methyldopa since 1978. The majority of the patients experience a positive rechallenge reaction.

Acute pancreatitis secondary to the thiazides group of diuretics has been reported by many authors. However, sometimes, this group of drugs is not included among the drugs which may produce acute pancreatitis.

The patient described in this report had taken methyldopa and thiazide diuretics in association for many years without any side-effects, before the introduction of sertraline. Although the two antihypertensive drugs have been related to acute pancreatitis, sertraline was the first drug that was discontinued and two days later the serum amylase dropped to 62 U/l (normal 29-115 U/l) and she recovered completely. She was under observation for four months without taking any antidepressants and the depressive symptoms did not recur.

Discussion

Most evidence of association between drugs and acute pancreatitis is based on case reports.

The World Health Organization (WHO) received a total of 2749 reports of drug-associated acute pancreatitis between 1968 and 1993. The most frequently reported drugs were: angiotensin-converting enzyme inhibitors (n=209), valproate (n=219), H2 receptor blockers (n=127), sulindac (n=121), aza-

References


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