An unusual cause of esophageal ulcer; sertraline hydrochloride

To the Editor,

Pill-induced esophageal ulcers, which potentially may cause bleeding and perforation, have been reported due to various drugs including tetracycline, doxycycline, anti-inflammatory agents and alendronate (1,2). Sertraline HCl is a widely used antidepressant agent of SSRI group with a low rate of side effects. It caused to oral ulceration in only a case report but no esophageal ulcer has been reported before (3). In this letter, we describe the first pill-induced esophageal ulcer case which has developed on sertraline treatment.

A 22-year old female patient was admitted to clinic with a complaint of retro-sternal pain, odynophagia and dysphagia for 3 days. She was taking sertraline HCL 50 mg once daily for treatment of depression for 3 months. She had a history of taking her pills without water and lying down shortly afterward in recent days. There was no other medication, alcohol use or any other health problems in the history. The physical examination, the CBC and routine biochemical analysis were totally normal. In esophagoscopy, there were three superficial ulcers in 1-3 cm diameter with white exudates at the upper esophagus (Figure 1). Her depression was under the control with the drug, so, it was not discontinued but she was instructed to take it upright position with enough water. Pantoprazole 40 mg bid and sucralfate 1 gr qid were given as management. All symptoms were improved quickly and she was totally asymptomatic at the fifth day of the treatment. The upper GI endoscopy, which was repeated 2 weeks later, was completely normal.

The risk of pill-induced esophageal injury may be related to patient, esophagus and drug related factors. The method of administration, taking the drug with limited water and lying down immediately, were the most important patient related risk factors (1,2). Drug related factors are mostly related to drug formulation and chemical compounds. In our case, there was a clear history about the method of drug administration which may contribute pill-induced esophageal injury.

Sertraline has been reported to cause gastric hyperacidity and gastrointestinal bleeding (4). However, it is not clear if sertraline has any additive effect for the development of esophageal injury due to its formulation or chemical compound in our case. We do not think it is the main risk factor for esophageal ulcers in our case but we cannot exclude its role for occurrence of injury. Use of the Naranjo ADR Probability Scale indicated a probable relationship between the esophageal injury and sertraline therapy in this patient (5).

In conclusion, esophageal injury is an important adverse drug effect mostly related to the method of administration. Patients using the pill should be instructed to take it with enough water and upright position.

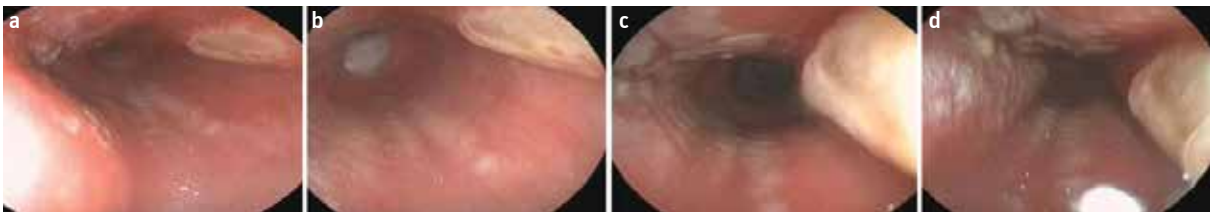

Figure 1. a-d. Endoscopic examination revealed large superficial ulcers with exudates at upper esophagus.

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