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Letter to the Editor

Adverse skin reaction caused by dabigatran

Dear Editor,

A 74-year-old woman with a medical history of hypertension, coronary artery disease and atrial fibrillation with rapid ventricular response admitted to our emergency department with acute ischaemic stroke presenting with mild hemiparasis at right the side. Brain magnetic resonance imaging suggested partial left middle cerebral artery infarction. After successful rate control with diltiazem and anticoagulation with low molecular weight heparin, she was decided to start on an anticogulant theraphy because of her CHA2DS2-VASc score of 6 (hypertension, age 65-75 years, coronary artery disease, female sex, stroke). She was living in provincial area. One of the new generation anticoagülant agents, dabigatran 150 mg twice a day was preferred instead of warfarin therapy. One week after dabigatran therapy, a raised, purpuric macules observed on patient's trunk and upper limbs (Figure 1). A skin biopsy revealed endothelial swelling and perivascular neutrofilic infiltrate with cutaneous leukocytoclastic vasculitis. Her hematological parameters were found in normal limits. She was discontinued dabigatran and anticoagulant theraphy was switched to warfarin. Oral 1 mg/kg/day prednisolone was started and lesions were resolved within 72 hours.

In our knowledge, this is the first case report from Turkey about cutaneous leukocytoclastic vasculitis induced by dabigatran. In RE-LY (Randomized Evaluation of Long-term Anticoagulation Therapy) study, drug hyper-sensitivity, allergic edema and anaphylactic reactions were reported in lesser than 0.1%[1]. Despite the most common adverse reactions of dabigatran are bleeding and gastrointestinal events, hyper-sensitivity reactions should be kept in mind.

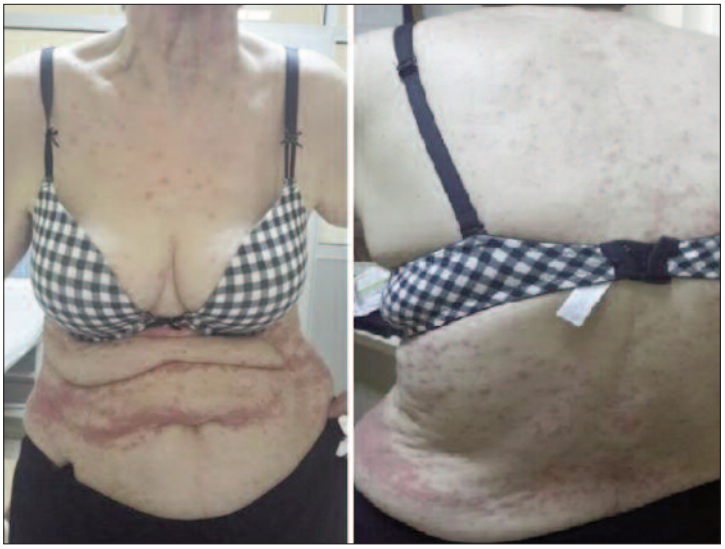

Figure 1. Purpuric macules on patient's trunk and upper limbs, plaque formations on abdominal area.

Conflict of Interest: The Authors declare that they have no conflict of interests.

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