Folliculitis related to lithium treatment
(Lityum tedavisiyle ilişkili follikülit)
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Dermatologically, side effects connected with lithuril can be seen in 3.4%-45% of all patients. Acne and acneiform eruptions have especially been reported. Here we report a case who has folliculitis due to lithium treatment.1,2

CASE REPORT
Thiry year old woman had complaint about acneiform lesions on her trunk and legs for ten days. She has had bipolar disorder for 4 years and is taking lithium 900 mg/day for 2 months. Prior to 4 years, while using the lithium treatment, she had similar complaints and after stopping the treatment her lesions dissapeared. Serum lithium level is 0.87 mEq/L.

In dermatological examination, there had been peri-follicular pustular papular lesions on her body and proximal areas of lower extremities. Histopathological evaluation of the specimen, which was taken from these lesions has revealed inflammatory infiltrate, which was containing mainly neutrophils on the proxymal areas of hair follicles. Investigations that have been made for the folliculitis etiology was clear. Gram staining, bacteria culture, pottasium hyd-roidx study, fungus culture was negative. She wasn't using any drug except lithium. Beta hcG ve anti HIV serology was negative. Topical antibiotic and short time topical steroid treatment has begun. After one month of treatment, partial regression of the lesions was detected.

DISCUSSION
Lithium has an inhibitor effect on signal transducer G protein and phosphatidil inosytol system. With this effect, it leads to a decrease in accumulation of adenosine monophosphat (cAMP) and inosytole. Inhibi-
tion of adenylate cyclase by lithium and decrease of cAMP can cause keratinosyte proliferation and also an increase of chemotaxis and phagocytic activity of neutrophils. Another mechanism is prostoglandine synthesis inhibition. Lithium blocks inhibitor effect of prostoglandine and stimulates neutrophil prolifera-
tion. In addition, it increases neutrophil levels in circulation and leads to lysosomal enzyme secretion from leucocytes. This mechanism is thought to be effective in the formation of dermatological side effects.3

Folliculitis due to lithium may occur in the beginning of treatment especially in first few months and does not require treatment. Folliculitis resolves spontaneously at the time of lithium treatment and it can be related to even out of serum lithium level. Topical antibiotics and topical steroids are enough for limited lesions, and oral antibiotics can be added if lesions are widespread.1,2

Folliculitis and the other dermatological problems that occur at the time of lithium treatment can impact the patient’s treatment concert negatively so we must be careful and question the dermatological side ef-

REFERENCES

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