

Case Report: Anxiety crises and breakthrough bleeding in a 39 year old woman

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Categories: Family/General Practice, Miscellaneous

Keywords: serotonergic syndrome, hypericum, sertraline, oral contraceptives breakthrough bleeding

How to cite this poster

Perdomo E, Tocino A, Quintana Arroyo S, et al. (2015) Case Report: Anxiety crises and breakthrough bleeding in a 39 year old woman. Cureus 7(9): e.

Abstract

BACKGROUND

Herbal medications are usually perceived as innocuous by patients. While they can be effective, they certainly may have adverse effects, interactions and contraindications.

AIM & OBJECTIVES

Presentation of a case illustrating the pitfalls of the unreported use of herbal medications

METHODS & STUDY DESIGN

Review of the clinical record of our patient and review of the related literature

RESULTS & FINDINGS

We present here the case of a 39 year old woman, married with two children, working as a supermarket cashier.

Personal history: Allergy to penicillin, active smoker of 15 cigarettes daily. Menarche at age 12, with regular menses but long-standing dysmenorrhea and polymenorrhea complicated with iron deficiency anemia which required ferrous supplements. Reactive anxiety-depressive disorder. Medication: Sertraline 100 mg daily in the last year; Loette® daily (standard oral contraceptive: ethinyl estradiol 0.02 mg, levonorgestrel 100 mg) in the last 6 years.

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Published 09/09/2015

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Complaint: Frequent intermenstrual spotting in the last 4 months and increased emotional lability, with several episodes of tremor, chills, sweating, confusion and agitation with frequent

nausea and vomiting. These episodes were initially labeled as anxiety crises.

Physical Examination: Anxious mood, weight 87 kg, height 167 cm, BMI 31.2 kg/m² with central obesity pattern, waist circumference 108 cm, BP 136/76 mmHg, HR 94 bpm, normal cardiopulmonary auscultation, no focal neurologic signs, no additional findings.

Lab tests: Routine biochemistry and CBC: Normal; TSH 2.33 mcUI/mL, LH 2.04 mUI/mL, FSH 1.45 mUI/mL, 17- β -estradiol 17 pg/mL, free testosterone 0.32 ng /dL.

Follow-up: When questioned about taking additional drugs, the patient said she was taking in the last 4 months a herbal antidepressant (Hypericum Complex NATYSAL) based on Hypericum perforatum (St. John's wort). Hypericum is a potent inducer of cytochrome P450 and P-glycoprotein, with many drug interactions including antidepressants of the selective serotonin reuptake inhibitor family and oral contraceptives. The patient was instructed to withdraw hypericum and continue with her usual treatment (Loette[®] and Sertraline); she had neither more breakthrough bleeding nor additional episodes of "anxiety crisis".

Diagnosis:

1. Breakthrough bleeding secondary to pharmacokinetic interaction between hypericum and the oral contraceptive.
2. Episodic serotonergic syndrome secondary to pharmacodynamic interaction between hypericum and sertraline, masquerading as anxiety crises.

CONCLUSION

Polypharmacy and self-medication is increasingly frequent, including alternative or "herbal" medicines, which frequently are unreported. The mistaken belief that these medicines are perfectly safe may hinder the diagnosis of their adverse effects and interactions.

Serotonergic syndrome is a serious (potentially lethal) and frequently misdiagnosed condition.

In patients with compatible symptoms, the treatment must be reviewed, including the use of unreported or alternative drugs.

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Primary Care¹, Endocrinology²

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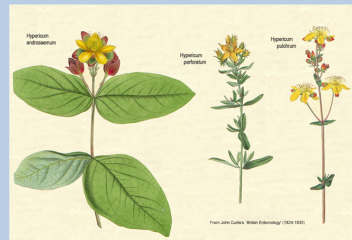
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DIAGNOSIS:

1. Breakthrough bleeding secondary to pharmacokinetic interaction between hypericum and the oral contraceptive.
2. Episodic serotonergic syndrome secondary to pharmacodynamic interaction between hypericum and sertraline, masquerading as anxiety crises.

CONCLUSION

1. Polypharmacy and self-medication is increasingly frequent, including alternative or "herbal" medicines, which frequently are unreported. The mistaken belief that these medicines are perfectly safe may hinder the diagnosis of their adverse effects and interactions.
2. Serotonergic syndrome is a serious (potentially lethal) and frequently misdiagnosed condition. In patients with compatible symptoms, the treatment must be reviewed, including the use of unreported or alternative drugs.