Letter to editor / Editöre mektup

Deep vein thrombosis associated with low dose clozapine (Düşük doz klozapinle ortaya çıkan derin ven trombozu)

Taha Can TUMAN,1 Uğur ÇAKIR,1 Gülşah GÜÇLÜ,1 Osman YILDIRIM1

To the editor,

Clozapine is an atypical antipsychotic drug with unique properties used in the treatment resistant schizophrenia. Besides the unique efficacy of clozapine, its side effects of metabolic syndrome, sedation significantly impairs quality of life, agranulocytosis and lowering the seizure threshold side effects are lifethreatening.¹ The other side effect of clozapine is deep vein thrombosis and in this presentation we report a case of schizophrenia who developed deep vein thrombosis (DVT) with low dose clozapine.2 Fifty-five year-old woman. She is followed up with paranoid schizophrenia for fiftheen years. She isbrought with complaints of escape from home, talking herself, auditory hallucinations, grandiose, mystic and somatic delusions and negative symptoms. She was unresponsive to multiple antipsychotics so we decided to hospitalized and start clozapine treatment. While clozapine dose gradually increased, on the eighth day of treatment with 150 mg/day dose of clozapine; edema, pain, warmth, redness started in the patients leg and with the lower extremity venous doppler ultrasonography, it is detected compatible with acute thrombus view in vena magna saphenous and femoral vein and thrombus continue to the popliteal vein. DVT thrombosis diagnosed, clozapine stopped and quetiapine treatment was started and gradually increased to 1200 mg per day. In her medical and family history there was no thrombus. There was no comorbidity of physical illness and there was no suspect drug use history. The patient were not obese. She is discharged

from the hospital in partial remission with the treatment of quetiapine 1200 mg per day. Acetylsalicylic acid and enoxaparin was started for DVT prophylaxis for six months after DVT. There was no family and medical history of DVT in our patient. The absence of risk factors like obesity, immobility, malignancy and the use of oral contraceptives for deep vein thrombosis and after starting clozapine treatment deep vein thrombosis occurred on the eighth day of the treatment suggested that this side effect may be due to clozapine. Seven points (probable) was obtained with Naranjo Adverse Drug Reaction Probability Scale.3 In literature, there is a lot of cases reported developed venous thrombosis when using clozapine.^{4,5} In this case reports the treatment of clozapin doses were between 277-400 mg per day.^{2,4} In our report, our patient treated with 150 mg per day clozapine dose when deep vein thrombosis occured. Similar to the cases in the literature, our patient developed DVT in the first three months of treatment, on eighth day. In the literature, the retrospective evaluation of patients with DVT, a patient developed DVT after two years of treatment with 75 mg dose of clozapine but he also used biperiden, flupentixol, lorazepam, clomipramine.5 In our case there was no drug medication concurrently with clozapine. There was no drug medication and physical illness predisposing to DVT in our patient. This side effect can be develop in the lowdose clozapine even patients have no risk factor so clinicians should be careful especially in the beginning of the clozapine treatment.

REFERENCES

- Hill M, Freudenreich O. Clozapine: key discussion points for prescribers. Clin Schizophr Relat Psychoses 2013; 6:177-185.
- Knudson JF, Kortepeter C, Dubitsky GM, Ahmad SR, Chen M. Antipsychotic drugs and venous thromboembolism. Lancet 2000; 356:252-253.
- 3. Naranjo CA, Busto U, Sellers EM, Sandor P, Ruiz I, Roberts EA, et al. A method for estimating the probability
- of adverse drug reactions. Clin Pharmacol Ther 1981; 30:239-245.
- Hu Q, Zhang C, Zhu SJ. Fatal multisystem venous thrombosis associated with clozapine. Clin Psychopharmacol 2013; 33:256-258.
- Hägg S, Spigset O, Söderström TG. Association of venous thromboembolism and clozapine. Lancet 2000; 355:1155-1156.

¹ Department of Psychiatry, Abant Izzet Baysal Training and Research Hospital, Bolu, Turkey **E-mail**: tahacantuman@hotmail.com