LETTER TO EDITOR

UNILATERAL GYNECOMASTIA INDUCED BY RISPERIDONE IN A GERIATRIC MALE PATIENT

Sir

Gynecomastia is an important but neglected and under-evaluated side affect of all antidopaminergic drugs, including typical and atypical antipsychotic drugs. To our knowledge, only few reports are available in which risperidone was associated with gynecomastia.[1]–[5] However, this is the first report of risperidone-induced unilateral gynecomastia in a geriatric male patient.

A 68-year-old male, was a case of schizophrenia of 6-year-duration. Two years ago, he had developed pulmonary tuberculosis for which he received a complete and successful course of antitubercular treatment (ATT) for 9 months. Two months after ATT was stopped, the patient had a relapse of his psychotic symptoms for which risperidone 2 mg per day was started, which was increased to 5 mg per day over a period of 2 weeks. With 6 weeks of risperidone monotherapy, the patient experienced a growth in the left-side breast. Local examination revealed a round growth of approximately 3 cm in height and 3 cm in diameter under the nipple. It was firm in consistency and nontender without any sign of galactorrhoea. At that time, his prolactin level was 68 ng/ml and testosterone level was 4.37 ng/ml. Other investigations including thyroid function test and CT scan of the head were within normal limits. There was no history of galactorrhea, sexual dysfunction, and symptoms of increased intracranial tension.

Risperidone was stopped immediately and he was put on olanzapine 5 mg per day because the patient continued to exhibit psychotic symptoms. Serum prolactin level done 3 weeks later showed 13.6 ng/ml and gynecomastia also disappeared by the end of 4 weeks of olanzapine therapy. Subsequent serum prolactin level was 6.6 ng/ml and testosterone level was slightly higher (6.64 ng/ml). The patient was followed up for another 8 months and there was no recurrence of psychosis and gynaecomastia, while on olanzapine therapy.

In this case, appearance of gynaecomastia was associated with hyperprolactinaemia, and gynecomastia disappeared with return of circulatory prolactin to normal levels, following withdrawal of risperidone. The adverse drug reaction probability score based on Naranjo's algorithm, was nine for this case, denoting a definite adverse reaction due to risperidone. Except for the case reported by Shiwach and Carmody,[1] other two reported cases were not true cases of risperidone-induced gynecomastia. In one case, the patient was suffering from hypothyroidism and had a history of hypoxic brain damage.[2] In the second case,[3] only a combination of risperidone (0.5 mg) and fluoxetine resulted in gynaecomastia. Although there are only three case reports of rieperidone-related gynecomastia, available results are from the two largest registration trials of risperidone

analyzing gynecomastia occurrence among 1884 patients, of which 1330 were men.[4] Only in that study, four cases had gynecomastia, two with a 1–2 mg/dose, and two with ³8 mg/day. Sexual dysfunction is one of the common symptoms of hyperprolactinaemia but this case did not report this symptom probably because of his old age. Furthermore, every patient has an individual threshold of clinical significance of the hyperprolactnaemia level. Management of this side effect should be tailored to the individual case. Apart from switching to prolactin-sparing agent as seen in our case and other study,[5] other options include dose reduction or use of a low dose of dopamine receptor agonist such as cabergoline.[6]

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