

Imipramine, Ulcerative Colitis and Linear Iga Bullous Dermatitis - A Curious Triad

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Introduction: Linear IgA bullous dermatosis (LABD) is a rare autoimmune subepithelial vesiculobullous phenomenon caused by IgA antibodies against skin or mucosal basement membrane antigens. Though most commonly idiopathic, known causes include medications and gastrointestinal diseases. We present a case of LABD associated with ulcerative colitis which was temporally associated with initiation of imipramine.

Case: 18 year old male presented to the ED for evaluation of a painful, blistering rash that began on his neck and spread over 24 hours. Patient had been started on Imipramine 2 weeks prior for nocturnal enuresis. On examination, the patient had diffuse annular arrangement of tender vesicles and bullae which progressively worsened to fluid-filled blisters on his extremities. Punch biopsies showed subepidermal blistering dermatosis with papillary dermal neutrophils compatible with dermatitis herpetiformis. The patient began to experience bloody stools, and colonoscopy revealed active ulcerative colitis. Subsequent immunofluorescence studies on the skin biopsy showed continuous strong IgA linear deposition along the basement membrane consistent with linear IgA bullous dermatosis.

Discussion: In this patient, the presentation of LABD could be a drug-induced dermatitis or an associated finding of ulcerative colitis; however, both are rare. It has been theorized that the pathogenesis of rheumatological conditions involves exposure to a trigger in a susceptible individual. The temporal association of the imipramine initiation suggests that the medication may have acted as the trigger for LABD development during this initial flare of UC. We therefore propose imipramine as a potential causative agent for the development of LABD in patients with IBD.