

**GASTROINTESTINAL BLEEDING DURING TREATMENT WITH RISPERIDONE**

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### **Summary**

*Objective.* Bleeding, as a side effect of risperidone is rare. The aim of this study is to report a clinical case of gastrointestinal bleeding with risperdone treatment.

*Method.* Authors report a case of a 18-years-old girl with a 12 month history of risperidone use for self-injurous behavior. The anamnestic and clinical features of the patient, the diagnostic protocol used for bleeding diagnosis and the clinical follow-up are described.

*Results.* The bleeding symptoms were disappeared aftre risperidone was discontinued.

*Conclusions.* Patients with abdominal pain during risperidone use should be carefully evaluated for gastrointesitnal bleeding side effect.

**Key words:** risperidone, bleeding, side effect

### **Introduction**

Bleeding, as a side effect of risperidone is rare. There are only three published reports of risperidone induced bleeding due to thrombocytopenia and other mechanisms. Hudson and Cain have described hemorrhagic cystitis with risperidone in an 11-year-old boy whose urinary symptoms disappeared after the drug was discontinued (1). In another report, nosebleeds of a 57-year-old woman and a 42-year-old man were associated with risperidone treatment (2).

**Case Report**

We report the case of an 18-year-old woman, diagnosed as phenylketonuria and mental retardation. She was complying with her diet and taking polyvitamins as paliative treatment in phenylketonuria. She had a 10-year history of self-injurious behaviours, which was treated with several antipsychotics including thioridazine and chlorpromazine. For the last 12 months she was taking risperidone 2 mg daily. During this period, she was only complaining about intermittant abdominal pain as a side effect of risperidone.

She was admitted to emergency service with two days of melena and hematemesis symptoms. Physical examination, vital signs, bleeding parameters (aPTT: 29.1 sec, INR: 1.22, thrombocyte count: 158000 / $\mu$ L), serum electrolytes, liver function tests and total blood count except hemoglobin level were found to be in normal ranges. Hemoglobin level was measured as 10.2 mg/dl. The hospital records revealed that her hemoglobin level prior to risperidone treatment, when she was 17 years old was 13.2 mg/dl.

Although hematological causes that could lead to decreased hemoglobin were ruled out with appropriate labarotary tests, it was not possible to perform an endoscopic examination to demonstrate the localization of the gastrointestinal lesion. Nevertheless, the clinical picture was considered as upper gastrointestinal bleeding. Risperidone was discontinued and her gastrointestinal symptoms responded completely to supportive treatment in 12 hours. The patient didn't have GIS complaints and bleeding in the following six months.

### **Discussion**

A variety of mechanisms might explain bleeding side effect of risperidone. As well as causing thrombocytopenia, risperidone might increase blood flow in microcirculation by reducing platelet aggregation and vasoconstrictor release from platelets like sarpogrelate which is also a potent 5-HT<sub>2A</sub> receptor antagonist (3).

Literature searches did not identify any reports of gastrointestinal bleeding associated with risperidone. To the best of our knowledge, this is the first reported case describing this side effect of risperidone. Although this agent is often extremely efficacious, careful evaluation who manifest abdominal pain remains necessary.

### **References**

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