

Letter to the Editor

Bullae formation in tramadol intoxication: an unusual presentation

Dear Editor,

A 27-year-old man went to the Emergency Department with lethargy and confusion. His history revealed he was medicated with oral tramadol 400 mg daily for cervical discopathy since 20 days before. On initial evaluation, his pulse was 110 beats/min and oxygen saturation was 94% in room air. Bilateral conjunctival congestion was found on ocular examination. Otherwise, physical examination was unremarkable. He underwent pulse oximeter and cardiac monitoring. He was resuscitated with normal saline infusion 3000 ml/24 h and naloxone infusion 0.2 mg/h. During the follow-up he remained asymptomatic. On the next day, he stated he had a persistent neck pain, which was unresponsive to regular dose of tramadol. He remembered that he ingested more than the usual number of tramadol but was unable to quantify the exact dose. On examination, two large bullae were observed on right ear (Figure 1). No other bullae were found on other parts of the body. Bullous skin lesions (known also as coma blisters) are well documented after fatal intoxications and in the setting of coma due to other etiologies in which the presumed mechanism is proposed inadequacy of circulation in pressure dependent regions^{1,2}. However, bulla formation in non-comatose intoxicated case is rare and may be related to direct drug toxicity or hypersensitivity to drug^{3,4}. Opioid intoxications may present these skin



Figure 1. Bullae formation on right pinna in case of tramadol intoxication.

lesions, particularly in cases with reduced consciousness⁵. This case is an unusual presentation of bulla formation in a tramadol-intoxicated case, as the site of bullae was non-pressure dependent and occurred in a non-comatose intoxicated patient.

Conflict of interest

The authors declare no conflicts of interest.

References

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