

LOSS OF TASTE INDUCED BY METHOTREXATE: A CASE REPORT**F. Georgieva***Clinic of Dermatology and Venereology, Prof. P. Stoyanov Varna University of Medicine***ABSTRACT**

The author presents a case of a loss of taste in two patients induced by methotrexate during the treatment of psoriatic erythrodermia. The loss of taste was confirmed by laboratory examinations in the Department of Physiology, Prof. P. Stoyanov, Varna University of Medicine. It is concluded that the loss of taste may be an adverse effect of methotrexate with temporary duration.

Key words: methotrexate, taste loss, adverse reaction, psoriatic erythrodermia

INTRODUCTION

Methotrexate is an antimetabolic drug that acts by competition with dihydrofolate reductase in the DNA synthesis (2). It exerts anti-inflammatory and anti-arthritis effects by decreasing the proliferation of lymphocytes and changing the polymorphonuclear chemotaxis (5). It acts as an anti-cancer drug in higher doses and as an anti-rheumatoid agent in lower doses (3). One study showed that methotrexate damages the epidermis by decreasing the proliferation of keratinocytes (4).

Adverse reactions associated with methotrexate treatment were reported in numerous studies Table.1 (6). The adverse effects of methotrexate are commonly seen during anti-cancer chemotherapies (6). However, we did not find any studies about taste loss induced by methotrexate during the treatment of psoriatic erythrodermia.

MATERIAL AND METHODS CASE REPORT

Two male patients aged 82 and 56 years were diagnosed with psoriatic erythrodermia. They were in good physical condition. They complained of itching on whole body. Dermatologic examination showed diffusely spread erythema and desquamation. We treated both of them with methotrexate orally (25mg weekly) and locally with emollients in the Clinic of Dermatology and Venereology. After two months, dermatological status became normal, but they complained of taste loss and, subsequently, of low appetite and weight loss. Methotrexate was suspected, and this therapy was stopped.

We proved that these complaints were not subjective by laboratory examinations. We investigated the limen of tasty sensitivity to basic types of taste (1). We established a lower

taste sensitivity for salt and sour. The sensitivity to sweet and bitter was not changed.

RESULTS AND DISCUSSION

The most frequent reactions to methotrexate treatment are ulcerations of the oral mucosa, burning sensation of the skin, photosensitivity, acral erythema, erythema multiforme, urticaria, and vasculitis (6). Frequent risk fac-

Table 1. Methotrexate oral adverse effects

More frequent	Less frequent	Rare or very rare
appetite loss	acne	agranulocytosis
azotemia	arachnoiditis, chemical	alveolitis
bacterial infection	boils	eosinophilia
cutaneous vasculitis	cerebrospinal fluid press.incr	hepatic failure
gastroenteritis	cirrhosis	proteinuria
gastrointestinal ulceration	demyelination	
gi hemorrhage	hair loss	
gingivostomatitis	hepatic necrosis	
hyperuricemia	hepatotoxicity	
intestinal perforation	itching	
nausea	leukoencephalopathy	
septicemia	pallor	
severe nephropathy	periportal fibrosis	
skin photosensitivity	pneumonitis	
thrombocytopenia	pulmonary fibrosis	
vomiting	skin rash	

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tors for toxicity were renal failure, infection, and old age. The loss of taste in our case is a reaction to methotrexate treatment because the patients do not take any other medications. Although one of them is not young, they were both in good physical condition and no other risk factors were noted. We proved that the complaints were not subjective. Drug-induced taste loss is an embarrassing adverse effect but it ceases rapidly after removal of the responsible drug. In this case, taste loss restores after cessation of methotrexate therapy.

In summary, there are many toxic and adverse effects of methotrexate. Some of them may be eliminated with additional treatment; other ones should be prevented by premedication. Most of them are recurrent. To our knowledge, this is the first case where a taste loss was induced by methotrexate and was described as possible adverse effect of this drug.

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