

trunk and proximal part of the extremities. For a recent recurrence the patient had been treated for a week with 1% trifluorothymidine (TFT) eyedrops and scopolamine 0.5% eyedrops.

The patch test reaction to TFT eyedrops was positive (++) , while the reaction to scopolamine 0.5% eyedrops was negative. The patch test reaction to TFT ointment was also positive (++) . The components of this ointment are, apart from TFT and chlorbutanol, different from the components of TFT eyedrops. To be certain that the positive tests were due to TFT and not to other components of the eyedrops, the patient was patch tested with the solution of the eyedrops without TFT. This reaction appeared to be negative. We therefore concluded that TFT was the sensitizing agent in TFT eyedrops. To our knowledge this is the first report on allergy to TFT eyedrops.

The patient was known to be allergic to idoxuridine in eyedrops, and was described by van Ketel (1977). Cross reactions of idoxuridine

with several pyrimidine analogues, substituted in the 5 position with iodine, bromine and chlorine, have been reported by Amon et al. (1975). Since the complete pharmacological name of trifluorothymidine is 5-trifluor methyl-2'-desoxyuridine, a cross reaction between idoxuridine and trifluorothymidine is likely.

Amon et al. (1975) found that 5-fluorinated compounds do not cross react with idoxuridine. Our patient shows a clear cross sensitization between idoxuridine and trifluorothymidine. In contrast to the fluoride-substituted compounds, TFT with the trifluoromethyl group appears to have sensitizing properties.

References

- Amon, R. B., Lis, A. W. & Hanifin, J. M. (1975) Allergic contact dermatitis caused by idoxuridine. *Archives of Dermatology* 111, 1581-1584.
- Ketel, W. G. van (1977) Allergy to idoxuridine eyedrops. *Contact Dermatitis* 3, 106.

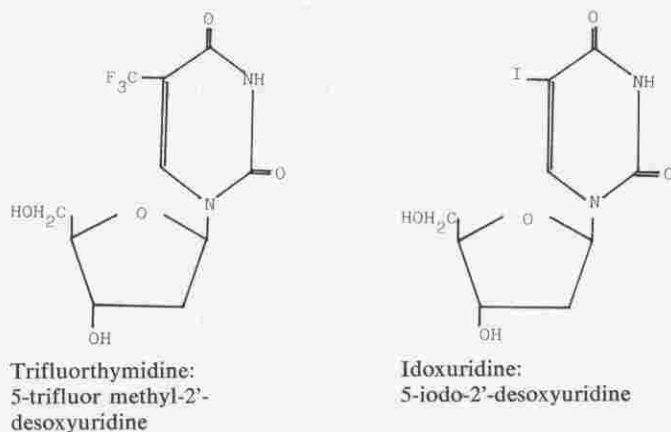


Fig. 1. Structural formulas.

Contact dermatitis from an antirheumatic gel containing etofenamate

J. VANHEE, D. GEVERS AND A. DOOMS-GOOSSENS

Department of Dermatology, Academisch Ziekenhuis St.-Pieter, Brusselsestraat 69, 3000 Leuven, Belgium

A 20-year-old woman was admitted to our clinic with a vesicular weeping eczema on her

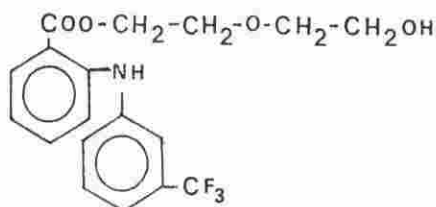
right ankle. An intensely pruritic and severe id-like spread occurred simultaneously on all her

limbs and in her groin, where it was particularly pronounced. She had been treated with Bay-d-1107-Antirheumatikum® (Bayer Leverkusen) for a sprained ankle.

Two weeks after discharge when the skin had cleared completely, patch tests were administered with the following results:

	48 h	96 h
Standard Series (as modified by Tricontact, Belgium)	—	—
Bay-d-1107 gel	++	++
Etofenamate 2% pet.	++	++
Other ingredients of the gel	—	—

Etofenamate, an ingredient of Bay-d-1107, has antipyretic and analgesic properties. It is marketed in Germany under the name of Rheumon-gel®.



2-(2-hydroxyethoxy)-ethyl-N-(α,α,α -trifluoro-m-tolyl)-anthranilate: etofenamate

According to Bayer Leverkusen, no cases of contact allergic reactions to etofenamate have been reported up to this time, but reactions to isopropanol, another ingredient of Bay-d-1107 have occurred.

Chlorocresol and chloracetamide: Allergens in medications, glues, and cosmetics

A. DOOMS-GOOSSENS, H. DEGREEF, J. VANHEE, L. KERKHOFS AND M. T. CHRISPEELS

Department of Dermatology, Academisch Ziekenhuis St.-Pieter, Brusselsestraat 69, 3000 Leuven, Belgium

A 27-year-old female secretary with a history of contact allergic reactions to iodine derivatives was referred to our department for severe contact eczema of the fingertips caused by handling glue. Treatment with a potent local corticosteroid cream, Betnelan-V®, did not relieve the condition.

Extensive patch testing revealed a strong positive reaction to the glue (Samy®, Krampocol, tested as is) and to one of its ingredients, which we had obtained from the manufacturer. This ingredient, which was called Margold®, turned out to be Preventol CMK® or p-chloro-m-cresol (tested 2% in yellow petrolatum). This accounted for the patient's unresponsiveness to the local corticosteroid treatment since Betnelan-V cream contains chlorocresol as a preservative. Patch testing with chloroxylenol (2% in yellow petrolatum) was negative, though this substance has been reported to be a cross-sensitizer (Hjorth et al. 1963, Burry et al. 1975, Storrs 1975).

There are several reports in the literature of chlorocresol causing contact eczematous reactions (Hjorth et al. 1963, Burry et al. 1975, Oleffe et al. 1979, Storrs 1975). In agreement

with other authors (Schorr 1971, Hannuksela 1979, Maurer 1979), we think that chlorocresol has a place in substitution therapy for patients allergic to other preservatives, but it does have its own sensitization potential and is not necessarily a safer preservative than parabens or other substances.

In addition to pharmaceutical products, chlorocresol is used in cosmetics, packaging materials, adhesives, glues, inks, paints and varnishes, textile finishes, leather and tanning agents, and industrial oils and emulsions.

The same patient had two other contact dermatitis problems. One was caused by moisturized toilet paper (Lotus®, Kayserberg), and the other by a body massage cream (Multi Modelante®, Clarins).

Four ingredients of the cream, which were obtained from the manufacturer and were identified only by code numbers, reacted positively (5% in yellow petrolatum). They were all plant extracts and contained chloracetamide as a preservative agent. This substance (tested at 0.1% in yellow petrolatum) turned out to be the causative agent for the dermatitis.

The toilet paper, which contained plant ex-

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