

Contact dermatitis due to etofenamate

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Etofenamate has anti-inflammatory and analgesic properties (1). Contact sensitization due to etofenamate has rarely been reported (1-5).

Case Report

A 70-year-old woman had been treated daily with 2 anti-inflammatory topical medicaments for a haematoma on the right leg: a gel containing etofenamate (Bayrogel, Bayropharm) and an ointment containing betamethasone valerate and dextran sulfate (Stranoval, Glaxo). 1 week after she began applying the medicaments, she developed erythema, edema and vesicles on the application site.

Patch tests were performed with the GIRDCA standard series and the 2 topicals plus their ingredients. Etofenamate 2% pet. reacted strongly at 3 and 4 days (+ / + + / + +). All other tests were negative.

The clinical lesions completely disappeared after stopping the treatment.

Discussion

Etofenamate (2-(2-hydroxyethoxy)ethyl N-(*α,α*-trifluoro-*m*-tolyl) anthranilate) is an anthranilic derivative used for its anti-inflammatory properties in the topical treatment of conditions such as rheumatism, myalgia, tenosynovitis, arthrosis, bruise and sprain. Since the 1st report of allergic contact dermatitis due to etofenamate (1), only a few other cases have been described (2-4).

Generalized contact urticaria due to etofenamate also occurred in 1 patient (5). There are 2 clinical studies in which the rate of cutaneous side-effects of etofenamate application in the general population was found to be about 2-3% (6, 7). A recent case report described an erythematous-exfoliative dermatitis that appeared in a patient using etofenamate for lumbosacral pain (8).

In our opinion, sensitization to etofenamate is still rare. However, topical preparations for rheumatic-like pains or for sprains are found in a higher proportion of households than any other type of medication. Thus, with the increasing use of topical non-steroidal anti-inflammatory drugs, more cases of sensitization are predictable.

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