

Contact dermatitis from etofenamate

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A 53-year-old woman presented with exudative erythematous dermatitis localized to the arms and face. For rheumatic elbow pain, she had been applying Thermo-Rheumon® Creme for 3 days (ingredients: etofenamate, benzyl nicotinate, benzyl alcohol, sodium citrate, citric acid, Cutina MD (fatty acid mono- and di-glycerides), polyethylene glycol stearate, isopropyl myristate). The lesions began at her elbows and diminished after withdrawal of the medicament. Although previous applications of Thermo-Rheumon® Creme were denied by the patient, we cannot definitely exclude the previous use of etofenamate.

3 weeks later, a use test with Thermo-Rheumon® Creme was negative. Patch testing gave the following results (5 control subjects were negative to etofenamate 5% lanol.):

	D1	D2
Thermo-Rheumon® Creme	++	+++
etofenamate 5% lanol.	+	++
other ingredients of Thermo-Rheumon® Creme	-	-
Lanolin	-	-

Etofenamate, the proposed sensitizer, is an anthranilic derivative with anti-inflammatory action. During clinical trials, 5 out of 556 patients showed skin changes (4). In a later study by Lederman (6), 97 out of 3210 patients developed not-further-defined epidermal changes.

To date, 8 cases of contact dermatitis proven by patch testing have been reported (1-3, 5, 8, 9): cases presented as papuloerythematous lesions (8), local erythema with vesicles and exudation (1), secondary

inflammatory reactions at the original site of application (4), generalized itchy urticaria-like exanthem (7) or exfoliative dermatitis (2).

Due to the high frequency of use and the low number of contact sensitizations reported to date, etofenamate may be considered a weak allergen.

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