

Table 1. Patch test results

Subject no.	Sex	Age (years)	Urushiol (pet.) 0.002% D2/D4	PDC (pet.) 0.1% D2/D4	THUG (aq.)	
					0.1% D2/D4	0.01% D2/D4
1	M	26	++/++	++/++	++/++	++/++
2	M	46	++/++	+ / ++	+ / ++	+ / +
3	F	42	+ / ++	+ / ++	? + / +	? + / +
4	F	41	++/++	++/++	NT	? + / ? +
5	M	36	- / -	- / -	- / -	- / -
6	M	33	- / -	- / -	- / -	- / -
7	F	40	- / -	- / -	- / -	- / -

The results of patch tests were read according to the ICDRG classification. Subject nos 1, 2, 3 and 4 were previously sensitized to urushiol, and control subjects (nos. 4, 5 and 6) were not sensitized to urushiol.

Results and Discussion

All 4 urushiol-sensitive subjects showed strong positive reactions to urushiol at 0.002% pet. and PDC at 0.1% pet., and they also showed positive reactions to THUG at 0.01% and 0.1% aq., respectively, although the reactions to THUG were weaker than those to urushiol of PDC (Table 1). Control subjects showed no reactions.

Both PDC and THUG produced positive lymphocyte blast transformation reactions (Fig. 2). The degree of the reaction was quite similar between them. From these results, THUG shows similar antigenicity in urushiol-sensitive subjects in comparison with urushiol or PDC. Moreover, we found that intravenous injection of THUG induced immune tolerance to PDC in guinea pigs (3). We are now going to check the sensitizing potential of THUG. Thus, it can be concluded that THUG can be used for the investigation of contact allergy as a water-soluble urushiol.

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Allergic contact dermatitis from etofenamate: report of 9 cases

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Allergic and photoallergic contact dermatitis due to non-steroidal anti-inflammatory drugs (NSAIDs) is relatively frequent. Etofenamate is a highly lipophilic anthranilic derivative, which inhibits prostaglandin synthetase. It has anti-inflammatory and antirheumatic actions and is widely used for external application. Its frequency of adverse cutaneous effects is relatively low, from 2 to 3% (1, 2). Only 9 cases of allergic contact dermatitis from etofenamate have been reported (3-9). Other cutaneous

reactions, such as urticaria or angioneurotic edema, have also been described.

Case Reports

We reviewed the 55,000 clinical histories of all the patients in our Service since 1980. Among them, we found 9 patients (4 male and 5 female) with eczema after using

Table 1. Patients' clinical findings

Patient no.	Age (years)	Sex	Location	Commercial preparation	Duration of use (days)
1	28	M	arms, legs, hands	Flogoprofen®	11
2	37	F	legs	Flogoprofen®	20
3	47	F	left arm & leg	Flogoprofen®	1
			hands, neck, face		
4	71	M	chest	Flogoprofen®	1
5	38	F	left foot	Zenavan® gel	7
6	48	F	right foot	Zenavan® gel	2
7	63	M	right foot	Flogoprofen®	30
8	29	M	right hand, legs, face	Flogoprofen®	?
9	14	F	legs	Flogoprofen®	3

Table 2. Patch and photopatch test results

Patient no.	Standard series	Commercial preparation		Etofenamate		Other compounds
		Patch	+UVA	Patch	+UVA	
1	-	+++	+++	++	+++	-
2	-	++	++	++	++	-
3	b. of Peru frag. mix PPD mix frag. mix	++ + +	+++ NT	+++ NT	NT	-
4	frag. mix	+	++ NT	++ NT	NT	-
5	-	+	+++ NT	+++ NT	NT	-
6	caine mix PPD	+ +	+++ NT	+++ NT	NT	-
7	-	-	+ NT	++ NT	NT	-
8	-	-	++ NT	++ NT	NT	-
9	-	-	++ NT	++ NT	NT	-

etofenamate (Table 1). Their average age was 41 years. 1 patient had a personal history of urticaria and 3 of atopy. The commercial preparation was Flogoprofen® gel or solution in 7 patients and Zenavan® gel in 2. The average time of use, before lesions appeared, was 7 days (range 1-30 days). None of the patients had used etofenamate preparations previously.

Patients were patch tested with the GEIDC standard series, etofenamate 2% pet., and the commercial preparation (Table 2). There were no reactions in 30 controls. 2 patients suspected of having photoallergic contact dermatitis were photopatch tested with Flogoprofen® and etofenamate with negative results.

Discussion

Cutaneous eruptions are not frequent among the adverse effects of etofenamate reported. Heindl et al. (1) reported 5 patients with skin lesions out of 556. Lederman (2), in a later study, described 97 such patients out of 3210 (3%). To date, only 9 cases of allergic contact dermatitis have been described (3-9). This suggests to us that etofenamate is a weak allergen, comparing the frequency of its use to the number of sensitivities reported.

In our cases, we found no differences between the patch test and the photopatch test. This, and the absence

of reports of photoallergic contact dermatitis, seem to point to ultraviolet light not influencing the appearance of etofenamate-induced skin lesions.

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