evance. Further testing with the cosmetic and its ingredients showed the following:

	D2	D4
facial moisturizer as is	++	+
chlorphenesin 1% pet.	++	++
other constituents	–	–

Chlorphenesin (3-(4-chlorophenoxy)-1,2-propanediol) is an antimicrobial which is active against some pathogenic dermatophytes, *Candida albicans, Trichomonas vaginalis* and some bacteria. It has been used topically in the treatment of dermatophytosis of the feet since 1940, and is a rare cause of contact allergy.

There are 4 previous reports of contact allergy from chlorphenesin (1–4). 3 of these were from Mycil® antifungal preparations (1–3), and 1 from a roll-on deodorant (4). Chlorphenesin is a permitted cosmetic preservative, although not widely used as such. The time course of this patient's dermatitis is in keeping with prior sensitization from an occult source. This case illustrates that unusual antimicrobial agents may be added to cosmetics, and that these can be potential allergens.

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Photoallergic contact dermatitis due to flufenamic acid and etofenamate

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Key words: flufenamic acid; etofenamate; photoallergic contact dermatitis; positive photopatch test.

Case Reports

Case no. 1

In August 1996, a 17-year-old man complained of sharply-outlined acute eczematous lesions on his knees. He had no history of systemic disease, drug allergies or atopy. He played football and used Flogoprofen® spray (etofenamate) for muscle stiffness. The appearance of lesions coincided with the summer when he played in shorts. He had occasionally used Flogoprofen® spray without adverse effects for approximately 2 months previously.

Case no. 2

A 21-year-old woman complained of sharply-outlined acute exudative eczema localized to her knees and ankles. She practiced body-building and had applied Movilisin® spray (salicylic acid, flufenamic acid) for 15 days before the appearance of lesions at these sites, because of mild joint pain. 8 days before the onset of symptoms, she had had daily UVA sessions after training, for 30 min (totalling 6 sessions). During the 2nd and 3rd sessions, she had felt pruritus at the sites of spray application. 2 days after the last session, she presented with the lesions described above. Oral and topical corticosteroids and antihistamines were administered. Symptoms improved during the next 9 days. During this episode, she had not taken any other drug, and signs or symptoms of systemic disease, drug allergies or atopy were not found.

In both cases, patch and photopatch tests were performed with the European and a photopatch standard series, with negative results. Patch and photopatch tests with Flogoprofen® spray and its constituents (case no.

Table 1. Patch test results case no. 1

	Patch test		Photopatch test	
	D2	D4	D2	D4
etofenamate 2% pet.	–	–	++	+++
Flogoprofen® spray	–	–	++	+++
other constituents of Flogoprofen® spray	–	–	–	–

Table 2. Patch test results case no. 2

	Patch test		Photopatch test	
	D2	D4	D2	D4
flufenamic acid 0.5% pet.	–	–	++	+++
flufenamic acid 1% pet.	–	–	++	+++
flufenamic acid 2% pet.	–	–	++	+++
salicylic acid 1% pet.	–	–	–	–
Movilisin® spray	–	–	++	++
other constituents of Movilisin® spray	–	–	–	–
etofenamate 2% pet.	–	–	++	++

1) and Movilisin® spray and its constituents and etofenamate (case no. 2) were also performed. 1 day after patch application, 1 of them was uncovered and irradiated with a PUVA-500 irradiation unit (Herbet Walmann Schwenningen, Germany) for 30 min. Readings were performed at 2 and 4 days. The results are shown in Tables 1 and 2.

Photopatch tests reproduced, in both cases, the same lesions that occurred with the topical application of Flogoprofen® spray (case no. 1) and Movilisin® spray (case no. 2). A photopatch test to etofenamate in case no. 2 was also positive. Patch and photopatch test were performed in 15 control patients with negative results.

Discussion

Flufenamic acid and etofenamate are anthranilic derivates with anti-inflammatory properties. Flufenamic acid is an ester form of etofenamate, with very similar chemical structure. They are usually administered topically. Flufenamic acid may be administered orally also, with a high frequency of gastrointestinal symptoms (30–60%). Despite their wide use, there are few cases of contact dermatitis (1–7, 9) and contact urticaria (8) reported, suggesting a low allergenic potential.

Our results strongly suggest that both cases are photoallergic contact dermatitis due to etofenamate (case no. 1) and flufenamic acid (case no. 2). A positive photopatch test to etofenamate in case no. 2 suggests a possible cross-reactivity between both drugs. No previous references to this entity have been found.

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Allergic contact urticaria from poppy flowers (*Papaver rhoeas*)

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Key words: allergic contact urticaria; poppy; plants; *Papaver rhoeas*; Papaveraceae.

Case Report

A 20-year-old atopic man presented with a long-standing history of contact urticaria and facial oedema after contact with poppy flowers. He had a previous diagnosis of atopic, mite-allergic bronchial asthma since childhood, as well as peanut and Rosaceae fruit food allergy.

Poppy flowers (*Papaver rhoeas*) were freeze-dried, powdered and subsequently extracted at a 10% w/v ratio in NH_4HCO_3 2OnM, pH 8.0 at 4°C for 1 h under magnetic stirring. The resulting suspensions were centrifuged at 39,000 *g* for 20 min, dialyzed against distilled water and filtered through a 0.22 μm pore-sized membrane. The crude extract was glycerinated at 50% v/v in 0.9% NaCl and adjusted to 3.3 mg protein/ml. On prick testing with this preparation, the patient showed positive (6×6 mm) results, while 20 atopic controls were negative. Paper disks were activated with BrCN and coupled to the poppy extract at a protein concentration of 1 mg/ml. Specific IgE against poppy flower was positive (class 3) and negative against poppy seed.

Discussion

Poppy flower (*Papaver rhoeas*) is an annual, bright red-flowered plant of the Papaveraceae family, 20–60 cm in height. It grows as a weed in cereal (wheat, oats, etc.) field and country roads. Other plants of the same family, such as *Dicentra spectabilis*, have been reported as causes of allergic contact dermatitis (2). There are also