

Table 1. Cases of paronychia recorded in the Department of Dermatology at Karolinska and Danderyd hospitals in 1986 and 1987

	No.
total no. of cases	17
women	15
men	2
< 17 years of age	3
> 65 years of age	4
in wet work	5
in dry work	6
unemployed	6

the 14 adults, 7 had chronic and relapsing paronychia and 3 of these (all women) had been engaged in wet work. One was 74 years old and did all the housekeeping for a related family, one was 63 years old and did hospital work as an auxiliary nurse, and the third was 44 years old and worked as a cleaner.

Discussion

In a study based on 6 males and 94 females with paronychia, Hellier (2) found that at least 80% of the patients were employed in work involving constant exposure to water and often also to detergents. The association between chronic paronychia and the isolation of *Candida albicans*, *Staphylococcus pyogenes*, *Pseudomonas*, coliform organisms and *Proteus* from the affected area seems to be well established (3). During a 6-year period (1950–1955), Frain-Bell (4) collected 590 cases of chronic paronychia, and he states: "It is possible that *Monilia* and bacteria play only a minor role in perpetuating the condition". In

the pathogenesis of paronychia, Esteves (5) separates (I) predisposing factors (e.g., impaired peripheral circulation), (II) precipitating factors (e.g., infection: pyogenic or fungal), and (III) maintaining factors (e.g., occupation: immersion of fingers, maceration), which indicates that occupational exposure might only have a limited contributory role.

Our pilot study from the Stockholm area shows that among the 17 cases recorded, only 3 with chronic paronychia were engaged in wet work. The reason for this low incidence is obscure. We have wondered whether these patients do not seek medical advice, whether they are not properly recorded, or whether the situation has changed since Samman (6) stated in his monograph: "Chronic paronychia is very common", and since Frain-Bell collected his huge material of patients.

We would like to know if this low incidence is also prevalent in other parts of the world.

References

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Connubial contact dermatitis from Nifuratel

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Key words: connubial contact dermatitis; allergic contact dermatitis; Macmior® Complex ointment; nifuratelum; Nifuratel; N-[5-nitro-2-furfurilidene]-3-amino-5-methyl-mercaptomethyl-2-oxazolidone; medicaments.

A 38-year-old male developed a severe eczema of the genital region, which spread to the abdomen and upper thighs. It was aggravated by sexual intercourse, thus interfering with normal marital relationships. Problems with sexual intercourse had begun 2 months previously, when his wife had been afflicted

by a troublesome vulvovaginitis, which had been treated with several courses of Macmior® Complex ointment.

Patch tests carried out with the GIRDCA standard series and Macmior® Complex ointment gave a positive result only to Macmior® Complex oint-

ment, +++ at 48 h. We tested the active ingredients of Macmiror® Complex ointment at 1% in acetone. The results are shown below:

	48 h
Nifuratel (nifuratelum; N-[5-nitro-2-furfurilidene]-3-amino-5-methyl-mercaptomethyl-2-oxazolidone)	+++
nystatin	-

Discussion

Nifuratel is an antiseptic used as an antimycotic and antitrichomonas agent alone (Macmiror® sugar-coated pill, vaginal suppositories and ointment) or with nystatin (Macmiror® Complex vaginal suppositories and ointment). Nifuratel is also a constituent of a product for the treatment of haemorrhoids (Emorril® ointment and suppositories).

A previous case of connubial contact dermatitis involving the genitals has been described, but it was caused by a propylene-glycol-containing vaginal lubricating jelly (1).

A case of contact dermatitis from Macmiror® ointment has been reported before (2), but in our case, either the sensitizing contact with the allergen or the subsequent eliciting exposure occurred exclusively during intercourse with the patient's wife, who had been treated with Macmiror® Complex ointment.

References

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Occupational contact dermatitis due to sodium pyrithione

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Key words: allergic contact dermatitis; occupational; metallurgical industry; cutting oils; water-based metalworking fluids; sodium pyrithione; sodium omadine; biocides.

Sodium pyrithione is a sodium salt of the N-hydroxy-2-pyridinethiones, its chemical formula being given in Fig. 1. It has germicidal activity against a wide spectrum of yeasts and fungi. Its antimicrobial action derives from a decreased activity of independently-regulated transport systems, protein synthesis and ATP levels (1).

Sodium pyrithione or sodium omadine (compound in aqueous solution at 40%) is utilized in the metallurgical industry as a component of water-based metalworking fluids (soluble, semi-synthetic and synthetic oils). It is also used as component of aceto-polyvinyl lattices, water-based printer's ink, lubricants for synthetic fibers and anti-dandruff shampoos.

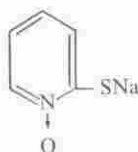


Fig. 1.

Case Report

A 45-year-old metallurgical worker was referred to us with suspected work-related dermatitis. She had been frequently exposed to metalworking fluids over the last 10 years. She presented with a subacute eczema of the backs of her hands and fingers dating from 1 month previously. She said that the lesions got worse during the working week and better away from the work.

She was patch tested with the GIRDCA standard series, triethanolamine and her own cutting oils 50% in olive oil.

A very strong reaction to carba-mix (+/++) and to one of her own cutting oils (+/++) appeared at 48 and 72 h. Inquiry of the oil manufacturer revealed that the cutting oil hydrocarbons were aromatic 20%, paraffinic 40%, and naphthenic 40%. The polycyclic aromatic hydrocarbons consisted of: phenanthrene 62.1 mg, anthracene 12.9 mg, fluoranthene 14.3 mg, pyrene 4.0 mg, benzoanthracene 4.6 mg, triphenylene 9.5 mg, benzopyrene 0.7 mg. In it was also present: boron ester 0.8%, butyl-glycol ether 2.5%, and the germicide sodium omadine 0.3%.

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