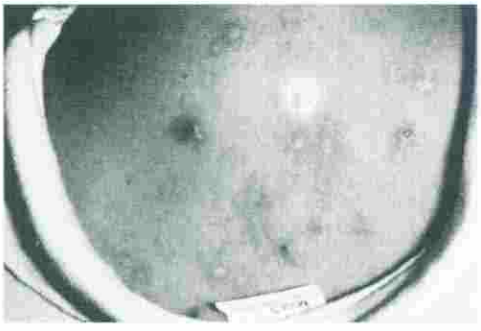

Fig. 2. A 63-year-old woman with excoriations and linear excoriated lesions at the site of contact with a blouse label.

typically presented with 2 to 3 mm wide, linear lesions from 1 to 15 cm in length. 12 had lesions on the upper back. Lesions showed scarring at one end, typically the distal, and an inflamed, crusted area at the other. One 3-year-old child had a similar lesion on each cheek; another patient had lesions on both forearms, and one had 1 lesion in the lumbar region. 3 of this group had previously had atopic dermatitis, though none had currently.

One 63-year-old woman had excoriated dermatitis at the site of the blouse label, as well as linear excoriated lesions and scars in the same area of the upper back (Fig. 2).

None of the patients had evidence of parasitic creeping eruptions.

Comment

Most patients in the 2 groups described had lesions on the upper back. The group with 'label dermatitis' typically included young patients with atopic dermatitis, while most of those in the group with creeping neurotic excoriations were older. Most patients in both groups were women, which may reflect differences in the type of clothing worn next to the skin. The patient shown in Fig. 2 suggests that 'creeping neurotic excoriations' may be preceded by or coincide with 'label dermatitis'. Such a transition would not be surprising, since the itching associated with "label dermatitis" could easily evolve into habitual scratching and, in turn, become "creeping neurotic excoriations".

Prevention of both the above types of mechanical contact dermatitis includes the complete removal of labels (including threads) on clothing worn in direct contact with the skin. (The simpler solution of cutting off the label leaves brush-like, stiff threads which may aggravate the problem)

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Vulvar contact dermatitis from nifuratel

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Key words: allergic contact dermatitis; vulva; anogenital region; nifuratel; Macmiror®; medicaments; CAS 4936-47-4.

Nifuratel, N-(5-nitro-2-furfurilidene)-3-amino-5-methyl-mercaptomethyl-2-oxazolidone, is an antitrichomonal and antimycotic agent which topically is used alone (Macmiror®) or with nystatin (Macmiror Complex®). It is also used as an antiseptic in antihaemorrhoidal ointments and suppositories (Emoril®).

Case Report

A 53-year-old woman had an itchy red oedematous dermatitis of the vulva extending to the inner thighs; vaginal involvement was not observed. She had been inserting Macmiror® pessaries (vaginal suppositories) for a bacterial vulvovaginitis. A similar derma-

titis had occurred 10 years previously after using Macmiror Complex® pessaries.

Patch tests with European standard series showed a reaction to PTBPF resin at 2 and 3 days (+/++). Patch tests with components of Macmiror® and Macmiror Complex® pessaries showed a reaction to nifuratel 1% acet. at 2 and 3 days (+/++), with no reactions to nystatin 1% acet. and 1% aq., propyl and ethyl parabens 3% pet., or propylene glycol 2% pet.

Discussion

To our knowledge, only 5 cases of allergic contact dermatitis from nifuratel have been reported: 3 from Macmiror® and 2 from Emorril®. Although nifuratel is widely prescribed to women, paradoxically, all previous reports concerned males using topical nifuratel as an antihaemorrhoidal or having sexual intercourse with partners using topical nifuratel.

Britz & Maibach (5) showed that vulvar skin was more susceptible to irritants than the forearm. Women with chronic vulvovaginitis run the risk of developing medicament dermatitis (6). In our case, vulvar contact dermatitis was observed with no vaginal involvement. Fisher (7) underlines that vulvar skin is more easily irritated than the vaginal mucosa; might vulvar skin also be more easily sensitized?

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Contact dermatitis from ketoconazole cream

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Key words: medicaments; antifungals; imidazoles; ketoconazole; sulconazole; miconazole; cross-sensitivity; propylene glycol.

Case Reports

Case no. 1

A 41-year-old man, with seborrhoeic eczema of the face for 2 years, was prescribed ketoconazole cream (Nizoral®). After 1 week, his dermatitis was worse and vesicular. The cream was stopped and the patient successfully treated with oral corticosteroids.

When the dermatitis had subsided, he was patch tested (Table 1) with the European standard series and Nizoral cream (as is). A week later, he was patch tested with the ingredients of the cream and a series of 8 commercially available creams containing different imidazoles. Positive reactions were found only to propylene glycol 3% and Nizoral®, Exelderm® and Daktarin® creams. Subsequent patch tests with the pure imidazole components of the 3 creams that had given positive reactions (1% eth.), and to propylene glycol (1% aq.), showed positive reactions to all.

Case no. 2.

A 29-year-old-man, with tinea cruris for 2 years, had been unsuccessfully treated with several imidazole preparations (Daktarin®, Trosyd®, Travogen®, Exelderm®), before being prescribed Nizoral® cream. A week later, he developed intensely itchy erythema, oedema and vesicles. 2 days later, pruritic erythemato-vesicular lesions appeared on the legs and forearms. The skin recovered completely with oral corticosteroids.

Patch tests (Table 1) with the European standard series, and 9 creams containing imidazoles gave positive reactions to Nizoral®, Exelderm® and Daktarin® creams (as is). Tests with pure imidazoles and the other ingredients of the 3 creams gave positive reactions only to ketoconazole, sulconazole and miconazole.