Waitresses' itch?

Derk P. Bruynzeel and Edith M. de Boer

Department of Occupational Dermatology, Free University Academic Hospital, De Boelelaan 1117, NL-1081 HV Amsterdam, The Netherlands

Key words: irritant contact dermatitis; fibreglass; serving tray; plastics; occupational; catering; waitresses. © Munksgaard, 1997.

Within a short period, we have seen 2 young women (19 and 22 years old) complaining of itch and slight redness of the volar forearms and wrists. On examination, only minimal redness was seen. They had both developed symptoms as soon as they started work in 2 different restaurants. When they were not working, their symptoms quickly disappeared. They thought that the rash might be connected with carrying serving trays on their bare forearms. The trays were ordinary plastic trays of the kind seen in practically every self-service restaurant.

Patch tests and contact urticarial investigations, with the European standard series, plastics and epoxies, cosmetics and toiletries, were all negative. Both women were non-atopic. When examining the trays again, we realized that they were reinforced with fibreglass. The underside and edges of the trays are often slightly damaged. Examination under magnification of the surface and dust collected from the underside, showed numerous fibreglass particles.

Most probably, these fibreglass tray particles caused their skin problems, which have disappeared since both started working with a tea towel over their arms or wearing long-sleeved blouses.

Acute generalized exanthematous pustulosis induced by nifuroxazide

L. Machet[1], V. Jan[1], M. C. Machet[2], G. Lorette[1] and L. Vaillant[1]

Departments of [1]Dermatology and [2]Pathology, CHU Trousseau, 37044 Tours, France

Key words: acute generalized exanthematous pustulosis; drug reaction; nifuroxazide; positive patch test. © Munksgaard, 1997.

Nifuroxazide is an antibacterial (MW 275.2) used for treating diarrhoea (Ercefuryl® in France, Diarret® in Italy, Pentofuryl® in Germany and Zurifal® in Spain), from which exanthems have rarely been reported (1).

Case Report

A 77-year-old man presented with a generalized pustular eruption with numerous confluent pustules. The axillary and inguinal folds were particularly involved and lesions were purpuric on the lower limbs. The rash had erupted acutely 24 h before, with generalized erythema and fever (40°C). The eruption had begun 24 h after taking paracetamol (Doliprane®), metopimazine (Vogalène®), a mixture of magnesium hydroxide and magnesium carbonate (Smecta®), and nifuroxazide (Ercéfuryl®) for diarrhoea. There was no personal or family history of psoriasis.

Bacteriological and mycological cultures of pustules remained sterile. There was hyperleukocytosis (21.1 G/l), with elevated polymorphonuclear cells (17.3 G/l). ESR was normal. Skin biopsy showed multilocular subcorneal pustules, marked oedema of the papillary dermis and a perivascular infiltrate with numerous polymorphonuclear neutrophils in the dermis, without signs of leukocytoclastic vasculitis.

The patient was treated with topical bethamethasone 2× a day and nifuroxazide was stopped. The rash completely cleared in 10 days.

Patch testing with all suspected drugs 10% pet. and aq. was performed 15 days later. Nifuroxazide, both 10% pet. and aq., was slightly positive at 2 days and more positive at 4 days, with erythematous papules and some pustules. The histology of the patch test was very similar to that of the eruption. Oral challenge was not performed. 10 controls were tested with negative results.

Discussion

This is the 1st reported case of acute generalized exanthematous pustulosis (AGEP) occurring after nifuroxazide intake. Diagnosis of AGEP was established by the criteria of Roujeau et al. (2). In a large series of 63 cases (2), AGEP was found to be related mainly to drug intake (β-lactam antibiotics 28, macrolide 11, other drugs 16), and in 4 cases to viral gastrointestinal infections (2).

In this case, the eruption occurred after signs of gastrointestinal infection, and either infection or drugs might have been responsible. Oral challenge is the more definitive way of proving the attribution to a drug, but this may be balanced by the severity of the reaction: as low a dose as 1 mg ofloxacin (usual daily dose 300mg) was able to reproduce a generalized rash with fever in 1 patient (3). Following patch testing, attributability to nifuroxazide in our case was very probable (14), according to the French Centres of Pharmacovigilance (4).

Patch testing has been reported as positive in AGEP with buphenine, dihydroquinidine, diltiazem, erythromycin, isoniazid, pristinamycin, propicillin, spiramycin and streptomycin (5–8). Only 1 series of 14 patients with AGEP was systematically patch tested (9). 7 patients had a relevant positive: amoxycillin (2 cases), carbamazepine, diltiazem, phenobarbital, spiramycin, and virginiamycin (1 case each). Some systemic reactions have been described after patch testing in generalized exanthem (10) or exfoliative dermatitis (9, 11), though no recurrence of AGEP has been described after patch testing, which therefore seems relatively safe, as well as valuable diagnostically, in this condition.

References

1. Zürcher K, Krebs A. *Cutaneous drug reactions*, 2nd edition. Basel: Karger; 1992: p80–81.
2. Roujeau J C, Bioulac-Sage P, Bourseau C, Guillaume J C, Bernard P, Lock C, Plantin P, Claudy A, Delavierre C, Vaillant L, Wechsler J, Danau G, Bénichou C, Beylot C. Acute generalized exanthematous pustulosis: analysis of 63 cases. *Arch Dermatol* 1991: *127:* 1333–1338.
3. Tsuda S, Kato K, Karashima T, Inou Y, Sasai Y. Toxic pustuloderma induced by ofloxacin. *Acta Dermato-venereologica* 1993: *73:* 382–384.
4. Begaud B, Evreux J C, Jouglard J, Lagier G. Unexpected or toxic drug reaction assessment (imputation): actualization of the method used in France. *Therapie* 1985: *40:* 111–118.
5. Mathivon F, Petit A, Mourier C, Sigal-Nahum M. Toxidermie à la pristinamycine après réaction de contact à la virginiamycine. *Rev Eur Dermatol MST* 1991: *3:* 527–529.
6. Moreau A, Dompmartin A, Castel B, Remond B, Leroy D. Drug-induced generalized exanthematous pustulosis with positive patch tests. *Int J Dermatol* 1995: *34:* 263–266.
7. Gebhardt M, Lustig A, Bocker T, Wollina U. Acute generalized exanthematous pustulosis (AGEP): manifestation of drug allergy to propicillin. *Contact Dermatitis* 1995: *33:* 204–205.
8. Wakelin S H, James M P. Diltiazem-induced acute generalized exanthematous pustulosis. *Clin Exp Dermatol* 1995: *20:* 341–344.
9. Wolkenstein P, Chosidow O, Fléchet M L, Robbiola O, Paul M, Dumé L, Revuz J, Roujeau J C. Patch testing in severe cutaneous adverse drug reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis. *Contact Dermatitis* 1996: *35:* 234–236.
10. Machet L, Vaillant L, Dardaine V, Lorette G. Patch testing with clobazam: relapse of generalized eruption. *Contact Dermatitis* 1992: *26:* 347–348.
11. Vaillant L, Camenen I, Lorette G. Patch testing with carbamazepine: reinduction of an exfoliative dermatitis. *Arch Dermatol* 1989: *125:* 299.

Contact dermatitis from lichens

Caterina Stinchi, Valentina Guerrini, Emanuela Ghetti and Antonella Tosti

Department of Dermatology, University of Bologna, Via Massarenti 1, 40138 Bologna, Italy

Key words: usnic acid; atranorin; oak moss; allergic contact dermatitis; lichens; occupational; gardening; cosmetics; fragrance. © Munksgaard, 1997.

The following are known to be responsible for allergy to lichens: atranorin, usnic acid, evernic acid, fumarprotocetraric acid, perlatolic acid, divaricatic acid and stitic acid (1, 2). Allergy to lichens is not very common even in those in direct contact with lichens, such as forestry workers, gardeners and lichen pickers (3–5). Several lichen extracts are used in the cosmetics industry, oak moss and tree moss in particular (1), giving rise, above all, to allergy to aftershave lotions (6–8).

Patients and Methods

During the last 7 years, we have seen 12 cases of contact dermatitis from lichens (4 male and 8 female, mean age 41–46 years) (Table 1). 1 patient was a rural worker and 4 were hobby gardeners. The clinical manifestations were erythema, and scaling with itching, localized in light-exposed areas in 11 patients, the trunk also being involved in 4; the lower limbs were affected only in the rural worker. The condition ran a relapsing course unrelated to seasons or sunlight exposure. Total duration varied from 1 month to 7 years. 8 patients had had worsening of symptoms after using cosmetics.

All patients were patch tested with the GIRDCA standard series and a plants and woods series (Hermal Trolab) containing: primin 0.01% pet., usnic acid 0.01% pet., dipentene 2%.pet., atranorin 0.5% pet., arnica tincture 20% pet., with sorbitan sesquioleate 5% pet. Patch tests were applied on the back with Finn Chambers on Scanpor tape. Readings were performed

This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.