

Allergic contact dermatitis from dibucaine in Proctosedyl[®] ointment without cross-sensitivity

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Key words: dibucaine; antihemorrhoidal; anesthetics; no cross-sensitivity; medicaments. © Munksgaard, 1998.

A 36-year-old woman complained of a pruritic, well-demarcated, erythematous patch around her anus. She had intermittently applied an antihemorrhoidal ointment (Proctosedyl[®]) to ameliorate her symptoms for 4 months. Her symptoms relented for the time being, but relapsed 3 months after application in January 1997. She was worried about vaginitis and had inserted clotrimazole and povidone vaginal suppositories herself. Her symptoms were getting worse and the above lesions developed in less than 1 month.

Patch tests were performed with Proctosedyl[®] ointment as is, clotrimazole suppository as is, povidone suppository as is, and povidone solution (1% aq.). Proctosedyl[®] ointment showed a strong positive reaction (hydrocortisone, dibucaine hydrochloride, neomycin sulfate and esculoside). Patch tests with its ingredients showed a strong positive reaction to dibucaine hydrochloride.

Cross-reactivity was checked for her future anesthesia, using several topical and systemic anesthetics, such as lidocaine, a mixture of lidocaine and prilocaine (EMLA[®]), bupivacaine, tetracaine, proparacaine and propopof. The results were all negative.

Discussion

Dibucaine is an amide type of anesthetic, and allergic contact dermatitis from dibucaine is not rare in the UK (1) or Japan (2). Allergic contact dermatitis from amide anesthetics, such as lidocaine and dibucaine (cinchocaine), has commonly been associated with antihemorrhoidal preparations including Proctosedyl[®] ointment (3). Cross-reactivity among the ester group of anesthetics is well-known. Although cases showing simultaneous sensitivity among the amide group of anesthetics have been reported, they do not always occur, as in the present case (1, 3).

References

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Contact dermatitis from barley

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Key words: allergic contact dermatitis; barley; malt; occupational; maltworker; respiratory effect. © Munksgaard, 1998.

Partial germination of barley by artificial means produces malt, rich in dextrin, maltose and amylase. Malt is used in brewing beer, as well as in the manufacture of malted milk and similar food products.

Case Report

A 54-year-old maltworker, who had worked as a silo operator for 3 years, developed eczema on the fingers of both hands. His job was to clean out the silos and to fill

sacks with the residues of barley and malt. When he cleaned the barley silos, his eczema worsened and spread to the trunk and limbs. He also had some dyspnoea. For this reason, he stopped cleaning out the silos but continued to fill sacks with residues of barley and malt. The eczema improved during holidays. There was no personal or family history of atopy. He could drink beer without problems.

Patch tests were carried out to the Portuguese standard series, fragrances, a food series, and residues of barley and malt, with the following positive results: