

quently used imidazoles, its sensitizing capacity seems to be greater (16).

In comparison with the large number of naftifine preparations sold, the few cases reported of sensitization do not seem to be of epidemiological importance. However, in view of the increasing sale of the product on the OTC market, we should be aware that the frequency of allergy may increase.

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Allergic contact dermatitis from sertaconazole with cross-sensitivity to miconazole and econazole

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Contact dermatitis from topical imidazoles is seldom reported (1-3). In most cases, allergy is to the imidazole itself, but in some cases to the vehicle.

Case Report

A 26-year-old man, with a history of acne, presented with a 1-month history of impetiginized eczema on the dorsum of the right hand, following the prescription of Zalain® (sertaconazole) cream for a previous injury. Discontinuation of Zalain® cream and treatment with topical and oral antibiotics and a topical corticosteroid led to resolution in 10 days. He denied previous use of antifungals.

He was patch tested with the GEIDC standard series, Zalain® cream and its individual constituents (sertacon-

azole, nipagin, Labrafil M2130, Peceol, Tefose 63 and sorbic acid), with the results shown in Table 1. Later, we patch tested the patient with an imidazole series, with the results shown in Table 2. 20 healthy controls were negative to Zalain® cream, as is, and sertaconazole 1% and 5% pet.

Table 1. Initial patch test results

Allergen	D2	D4
GEIDC standard series	-	-
Zalain cream as is	++	++
sertaconazole 5% pet.	+++	+++
sertaconazole 1% pet.	++	++
other constituents of the cream	-	-

Table 2. Imidazole series patch test results

Allergen		D2	D4
miconazole	2% pet.	++	++
econazole	2% pet.	++	++
tioconazole	1% and 10% pet.	-	-
ketoconazole	2% pet.	-	-
bifonazole	2% pet.	-	-
tiabenzole	2% pet	-	-
metronidazole	2% pet.	-	-
clotrimazole	2% pet.	-	-
mebendazole	2% pet.	-	-

Discussion

Sertaconazole is an imidazole antifungal of relatively recent use in Spain (Fig. 1) (4). Cross-sensitization between imidazoles has been postulated as resulting from a similar pattern of orthochloro substitution in the azole ring (5), and is frequently reported between miconazole, isoconazole, and econazole, though cross-sensitivity is neither constant nor complete between other imidazoles (3, 6–10).

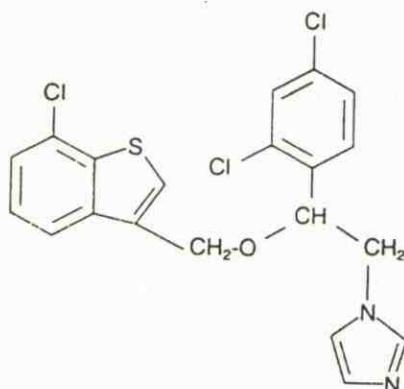


Fig. 1. Chemical structure of sertaconazole.

Our report demonstrates that sertaconazole cross-reacts only with the chemically closely similar compounds miconazole and econazole. To our knowledge, this is the 1st case report of allergic contact dermatitis from sertaconazole.

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Occupational contact dermatitis from colophony and formaldehyde in banknote paper

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Key words: colophony; formaldehyde; paper; banknotes; bank clerk; occupational. © Munksgaard, 1995.

A 56-year-old bank clerk, with no personal or family history of skin disease or atopy, had been working at the cashdesk for 15 years, counting and smoothing out banknotes manually, and removing banknotes from a counting machine with his thumb and index finger.

5 years after he started the job, a squamous dermatitis appeared on the tips of his right thumb and index finger, which were continually exposed to paper money. This

worsened in 1989, after new German banknotes were issued. It improved within a few weeks when he was not at work. A few days after resuming work, dermatitis reappeared in the same places. During the next 5 years, the eczema continued to worsen when he was in contact with banknotes.

Patch tests were applied for 1 day with the German Contact Dermatitis Group standard series, a plastics

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