

A retarder contains SiO_2 , Na_2CO_3 , $\text{C}_6\text{H}_8\text{O}_7$, and other unknown metals, as mentioned in the Material Safety Data Sheet.⁴

Because the patient's skin partially improved when avoiding the retarder, the patient had likely developed eczema from the retarder after being sensitized to the cement. Dermatologists should be aware that a retarder can also cause dermatitis in concrete workers.

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Severe Airborne Allergic Contact Dermatitis From the Invasive Species *Oncosiphon piluliferum* (Globe Chamomile)

To the Editor:

A 32-year-old otherwise healthy non-atopic man presented to the clinic complaining of 4-month history of intensely itchy, blistering, red, scaly rash that began on the face, spread to the forearms, and then spread to the trunk. He works as a car mechanic and was initially concerned that his symptoms were due to workplace exposures but did not improve with work avoidance or changing his work uniform. He had intermittent improvement

with 3 courses of oral prednisone, topical triamcinolone, and oatmeal baths. He switched to Free & Clear personal care products. When he presented for patch testing, he complained of intermittent fevers and chills and had bilateral axillary and left inguinal mobile tender lymphadenopathy. Laboratory results were pertinent for lymphocytosis with absolute eosinophilia and neutrophilia and elevated lactate dehydrogenase level at 519 IU/L.

Patch testing was performed with T.R.U.E. test, a modified American Contact Dermatitis Society core series, and a modified series based on car mechanic exposures. Non-Food and Drug Administration–approved allergens were obtained on a prescription basis from the SmartPractice Allergen Bank Compounding Pharmacy. At 96 hours, he had a 1+ reaction to Compositae mix 6% petrolatum, a doubtful reaction to parthenolide (T.R.U.E. test), and a doubtful reaction to sesquiterpene lactone mix 0.1% petrolatum. His personal care products did not contain any Compositae derivatives. He noted that there were large areas of his yard that had high-density globe chamomile growth for the last 2 years. He was subsequently patch tested with dry and fresh specimens of globe chamomile and had bullous reactions at 72 and 96 hours. He was started on cyclosporine for symptomatic control. He removed these plants from his yard and has seen good improvement at follow-up.

Globe chamomile (*Oncosiphon piluliferum*) is a winter flowering plant in the Asteraceae family that is endemic to South Africa, which has been used in traditional folk medicine and has been shown to contain sesquiterpene lactones.¹ It was introduced in California in the 1980s and has become an invasive species; it can be found in much of Southern California and South/Central Arizona.² Members of the aster family are common causes of airborne allergic contact dermatitis but are most classically seen in florists, gardeners, and farmers (Figs. 1, 2).³

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D.H. is a first-degree relative of C.H., the owner of SmartPractice, a company that manufactures and distributes patch test supplies.

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Figure 1. Generalized dermatitis favoring an airborne distribution.



Figure 2. Patch testing to globe chamomile (*Oncosiphon piluliferum*) samples from the patient's yard at application and 48 hours.