

A laser-clinic nurse with allergic contact dermatitis from tetracaine

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Those who work with topical tetracaine (amethocaine) need to take precautions to minimize their risk of sensitization. Occupational contact dermatitis from tetracaine has been reported in health care workers, including chiropodists, oculists and dentists (1–5).

Case Report

A right-handed nurse presented for investigation of a hand dermatitis which had started 2 years before. This began 2 years after she started work in a laser clinic. She attended the occupational health department because of a gradual deterioration.

Her duties involved applying topical anaesthetics (Ametop[®], Smith and Nephew Healthcare Ltd, Hull, UK or EMLA[®], AstraZeneca UK Ltd, Kings Langley, UK) before administering laser treatment in a plastic surgery department. Until this problem developed she did not wear gloves when applying these. She became suspicious that she had become

Table 1. Patch testing results

	D2	D4
Ametop [®] gel as is	? +	+ + +
tetracaine 1% pet.	+ +	NT
caine mix (cinchocaine 5%, tetracaine 1%, enzocaine 5%, and lidocaine 15% pet.)	? +	–
benzocaine 5% pet.	–	NT
nickel sulphate 5% pet.	? +	+ +
fragrance mix 8% pet.	+	+

allergic to Ametop, and started to wear gloves when applying the gel. She remained indirectly exposed when administering laser treatments without wearing gloves.

She described a previous problem with costume jewellery, suggestive of nickel allergic contact dermatitis.

On presentation she had a dermatitis affecting the tip, pulp and sides of thumbs as well as index and middle fingers. Her right hand was affected more severely than the left. Patch testing confirmed her suspicion of tetracaine allergic contact dermatitis (Table 1).

Comment

We report a new occupational group at risk of tetracaine occupational allergic contact dermatitis: those administering laser treatments. Our patient had worked in other specialties before becoming a specialist laser nurse in a plastic surgery unit, but had not worked in dermatology. She had not learnt to wear gloves when applying topical treatments. It is of note that she showed only a doubtful reaction to the caine mix in our standard series: it was important to test with the suspected agent and a broader local anaesthetic series.

Those who work with local anaesthetics, particularly the aminobenzoate ester tetracaine, which is increasingly used before cutaneous pro-

cedures, and which is a more potent sensitizer than the amide anaesthetics in EMLA, should be advised on measures to reduce the risk of sensitization.

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