

Short Communication

Irritant contact dermatitis from pancreatin exacerbating vulvodynia

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A 67-year-old woman, with long-standing vulval discomfort, was referred for patch testing. She had had pruritus vulvae for 30 years and vulvodynia for 4 years. Over this 4-year period, intermittent exacerbations of the burning vulval pain were associated with mild eczema, extending from her medial thighs and perineum to the mons pubis. Over the preceding 10 years, she had had irritable bowel syndrome and, 4½ years ago, she had developed idiopathic acute pancreatitis, necessitating pancreatic enzyme supplements (pancreatin) up to 16 tablets daily. Each tablet contains protease 210 units, lipase 8000 units and amylase 8000 units.

Patch testing to our standard, vulval and perianal series showed positive reactions to caine mix (++) and cinchocaine hydrochloride (+), which were of past relevance.

Further detailed questioning revealed that since developing pancreatitis, she had been incontinent of diarrhoea, particularly after meals and requiring an incontinence pad. The eczema had occurred after each of these episodes and had been associated with marked worsening of vulval burning.

It is probable that she had an irritant contact derma-

titis from digestive enzymes in faeces. Perianal irritant contact dermatitis is listed as a side-effect of high doses of pancreatin. Moreover, the irritant potential of even physiological concentrations of these enzymes in faeces has been demonstrated (1). Irritant contact dermatitis in a very similar distribution has been described in faecally incontinent patients taking danthron laxatives (2). This drug is converted in the colon to the irritant dithranol.

Faecal incontinence should be considered in patients complaining of vulval burning, particularly in the presence of eczema. The patient may be too embarrassed to report such problems spontaneously. Enzymes in faeces may contribute to perianal and vulval problems, even in patients who are not taking pancreatic supplements.

References

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