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Side-effects during treatment with SADBE

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Squaric acid dibutyl ester (SADBE) is a potent contact sensitizer used in the topical therapy of alopecia areata. It is preferred to dinitrochlorobenzene because it is non-mutagenic (1-3).

Case Reports

Case no. 1

A 28-year-old man presented with refractory alopecia areata. A patch test with SADBE 2% acet. was applied to the left forearm before therapy was begun. After 2 weeks, the patient developed an erythematous patch, with a clear border, at the left forearm at the site of application of the patch test, and a corresponding patch, lighter in colour, on the homolateral bicipital region. The 2nd lesion was located at the point of contact of the patch test following flexion of the arm (Fig.1). The lesions disappeared 1 week later after topical corticosteroid therapy.

Case no. 2

A 35-year-old man was treated for extensive alopecia areata. After application of a patch test with SADBE 2%

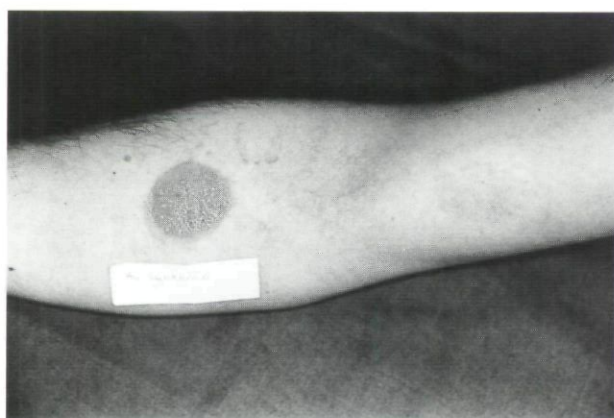


Fig. 1. Patches of dermatitis at the site of SADBE application on the left forearm and in the bicipital region corresponding to flexion (Case no. 1).



Fig. 2. Patch of dermatitis in the occipital region at the site of SADBE application and edema on the face after accidental exposure to SADBE (Case no. 2).

acet. and a subsequent eczematous reaction, he began therapy with 0.05 % SADBE solution 1×a week. 2 weeks later, he accidentally squirted 1ml of the solution onto the face while he was opening the tube. The same night as the

accident, he noted the appearance of erythematous edema (Fig. 2). The day after, he was seen in our department and began therapy with boric acid 3% for 2 days, and subsequently with triamcinolone 6 mg/day, and chlopheniramine 12 mg/day. The lesions disappeared after 15 days treatment. A patch test with acetone was negative. 1 month later, the patient started the treatment again in the occipital region without adverse reaction.

Case no.3

A 32-year-old man presented with extensive alopecia areata. A patch test with SADBE 2% acet. gave an eczematous reaction after 2 days. After 2 months of weekly applications of SADBE, an erythematous lesion appeared on the forearm at the site of the patch test, accompanied by diffuse itching. He started therapy with terfenadine 180 mg/day and a topical corticosteroid ointment. The lesions slowly began to clear after 1 month.

Comment

All 3 cases, reported must be considered as presenting different undesirable side-effects during treatment with SADBE (4, 6–8). An analagous case to our 1st case was reported by Happle et al. (5).

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