

ceptible to irritants (5, 6). This may lead patients not to apply their topical preparations to the vulval skin as liberally or as frequently as they do to the perianal skin. Patients with dermatoses extending to both the perianal and vulval skin may have more severe disease and consequently use more topical medicaments.

In view of the results of this study, patch testing is best performed in women with vulval dermatoses if the disease also involves the perianal skin.

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Photosensitivity due to actarit

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Key words: photosensitivity; actarit; rheumatism; medicament; photopatch test. © Munksgaard, 1997.

A 52-year-old woman was seen in April 1996 with erythema and lichenification on sun-exposed areas (Fig. 1) that had started 2 months earlier. She had no past history of photosensitivity. She had been taking actarit (Mover[®], Nikken Chemicals Co. Ltd., Tokyo) 100 mg t.d.s. and doxycycline hydrochloride 100 mg t.d.s. orally because of rheumatoid arthritis and a chronic infectious ulcer of the right knee for 3 months. A rheumatoid arthritis test was positive (2+), while there were no other abnormal findings on hematological examination, blood chemistry, or urinalysis, including porphyrins of peripheral erythrocytes and urine. Histological findings of erythema on the dorsum of right hand demonstrated hydropic degeneration of the basal layer, slight intercellular edema, and dense perivascular lymphohistiocytic infiltration.

We performed a screening phototest, as described before (1), with a Dermaray Model M-DMR-1 (Eisai Co. Ltd.) as a light source (2, 3). UVB-MED for this patient was normal (70 mJ/cm²), while 6.75 J/cm² of UVA-irradiation, which was less than 13.5 J/cm², produced erythema on the irradiated area at 1 day after the irradiation. A screening phototest was performed again 2 months after she stopped taking the 2 drugs. Irradiation of 13.5 J/cm² for UVA elicited no response, suggesting that photosensitivity to UVA of the patient had become normal. Patch and photopatch tests were made with actarit and doxycycline hydrochloride (10, 1, and 0.1% pet.). Only 10% and 1% pet. of actarit with UVA-irradiation (4.5 J/cm²) on photopatch testing showed erythema 1 day after irradiation. Patch and photopatch tests with actarit and doxycycline hydrochloride in 5 normal subjects showed no erythema or papular re-



Fig. 1. Erythema and lichenification on the back of the hand.

sponse 2 days after application or 1 day after irradiation.

Discussion

Disease modifying anti-rheumatic drugs (DMARDs), D-penicillamine, bucillamine, auranofin, and lobenzarit disodium, are used for the treatment of rheumatoid arthritis. Actarit (4-acetylaminophenylacetic acid), in use since 1996, is a newly developed DMARD. This drug has effects of activation and induction of suppressor T cells (4) by interleukin 2 production (5) and suppresses Arthus and delayed-type hypersensitivity reactions (6). Actarit causes certain adverse effects, e.g., gastrointestinal reactions, renal dysfunction, and rash (Nikken Chemicals, personal communication), but photosensitivity has not been reported. Actarit has a similar structure (Fig. 2) to that of phenylacetic acid derivatives, diclofenac, fenbufen, naproxen, flubiprofen, ketoprofen, tiaprofenic acid and ibuprofen, that frequently induce photosensitivity (7, 8). The common structure, phenylacetic acid, may be a photosensitizer.



Fig. 2. Structural formula of actarit.

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Cutaneous reaction to cosmetic lip tattooing

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Key words: tattoo; red pigment; cosmetic tattoo; lip tattoo; lichenoid reaction; delayed hypersensitivity. © Munksgaard, 1997.

Cosmetic tattooing is now practiced worldwide by both professionals and amateurs. Various parts of the body have been used, including the eyebrows (1), eyelids (2) and gingiva (3). Intentional tattooing has been traced back to 4000 BC (3). Reported reactions to cosmetic tattooing include a granulomatous, hyperplastic reaction (4) and sensitization to pigments (5).

Case Report

A 41-year-old woman had had her lips and eyelids tattooed with red and blue pigments, respectively, 1 year earlier by a beautician. 6 months later, she developed burning tender erythematous papules along the lip margins, but no reaction on the eyelids. Tender erythematous papules 1-2 mm in diameter were found along the lip margins (Fig. 1).

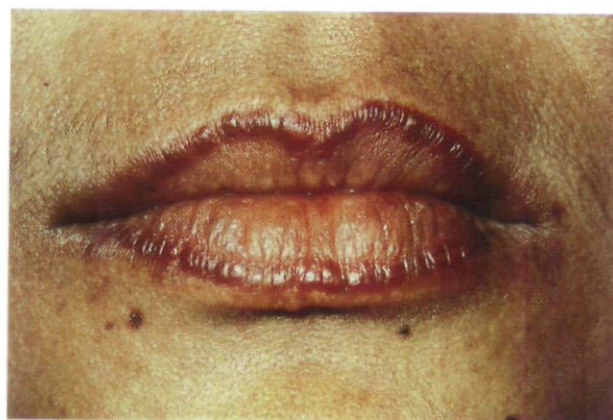


Fig. 1. Erythematous papules 1-2 mm in diameter along the lip margins.

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