



Fig. 1. Patients 1 and 2: positive skin reactions 1 day after steroids treatments were started.

have not been completely elucidated and some controversies persisted. It has been also named symmetrical drug-related intertriginous and flexural exanthema, and diagnostic criteria have been proposed (3). We report 2 cases of baboon syndrome affecting simultaneously a 5-year-old girl and her little brother.

Case Report and Results

Case 1

In September 2004, a 5-year-old girl suffered erythematous and eczematous pruritic lesions localized in gluteal and inguinal area 1–2 days after a mercury thermometer was broken at home. She had not direct contact with mercury. About 1 day later, she developed a maculopapular eruption in different areas, mainly in flexure areas. She was treated with oral prednisolone, dexchlorpheniramine, and topic pimecrolimus improving within 1 week without any sequel. Previously 2 years before, the girl had suffered vesicle lesions after using local Mercurochrome in the skin. Since then, she had avoided Mercurochrome.

Case 2

At the same time, her 2-year-old brother presented the same lesions in the same localizations 2 days after the thermometer breaking without suffering any direct contact with mercury. He received the same treatment improving within 7–10 days without sequel.

We realized epicutaneous tests in both patients with the allergens included in the Spanish Standard Series that includes mercury and thimerosal. Both patients presented positive results for mercury (+++) and thimerosal (++) at 3 days and negative results for the rest of allergens tested. We did not realize the 4-day lectures

because of the important bullous eruption produced by mercury in both patients. At 3 days, steroids were needed to treat those lesions (Fig. 1). The girl was treated with topical betamethasone, while her brother received treatment with oral prednisolone.

Discussion

The probable form of exposure of these reactions produced by mercury is airborne because the mother did not remember that children had presented direct contact with mercury. As other cases in the literature, our patients had developed previous sensitization by topical exposure to the same allergen using local Mercurochrome. In the case of the girl, this sensitization was already known because she had previously suffered local eczema after using local Mercurochrome. We diagnosed these patients realizing patch tests. In baboon syndrome because of mercury, patch testing with mercurials yields positive reactions in approximately 80% of patients (4). Positive delayed skin test with mercury and thimerosal indicates that the pathomechanisms of these reactions are likely a cell-mediated type IV allergy.

Since Andersen publication, there are over 100 baboon syndrome cases published, and to the best of our knowledge, there are no familiar cases of baboon syndrome described in the literature. We present 2 cases of baboon syndrome affecting simultaneously a little girl and her brother. Further investigations are needed to elucidate if it may exist a genetic predisposition to suffer this rare syndrome.

References

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Baboon syndrome: 2 simultaneous cases in the same family

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Baboon syndrome was first described by Andersen et al. in 1984 (1). It is a syndrome characterized by a systemic contact dermatitis with pruritic and confluent maculopapular light-red eruption, localized in the gluteal area and the major flexures, developed several hours or days after contact with different allergens or drugs (2). A large number of drugs such as erythromycin, heparine, immunoglobulins, radio contrast media, and others have been implicated although inhalation of mercury vapour is the most common trigger.

At the present time, baboon syndrome causes and pathomechanisms

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