

Contact allergy to clotrimazole: an unusual allergen

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Key words: allergic contact dermatitis; clotrimazole; antifungals; medicaments. © Munksgaard, 1999.

Case Report

A 71-year-old woman had a long history of seborrhoeic dermatitis affecting the scalp, face, flexures, and the vulva. She had used a wide variety of antifungal creams, corticosteroid creams and haemorrhoidal preparations over many years. She developed a severe exacerbation of her vulval dermatitis after 6 weeks application of Canesten[®] cream.

She was patch tested to the European standard series, an anogenital series, a hand and face series, and Canesten[®] cream 1%. Positive results were observed for neomycin 20% pet. (D2-/D4+), cinchocaine 2.5% pet. (D2-/D4++), tixocortol pivalate 1% pet. (D2++/D4++), hydrocortisone 2% alc. (D2-/D4+) and Canesten cream as is (D2++/D4+).

She was subsequently tested with all the individual ingredients of Canesten[®] 1% cream (sorbitan monostearate 5% aq., polysorbate 60 5% aq., cetearyl alcohol 20% pet., octyldodecanol 30% pet., benzyl alcohol 5% pet., and clotrimazole 1% pet.). A positive result for clotrimazole 1% pet. was observed alone (D2+/D4-), confirming clotrimazole to be responsible for the reaction to Canesten[®] cream.

Comment

Clotrimazole is an imidazole antifungal agent (1) that is able to penetrate the skin but is poorly absorbed into the systemic circulation. It is widely used in treatments for vaginal candidiasis and in several combined corticosteroid/antifungal preparations. Contact dermatitis from clotrimazole has been reported, but surprisingly infrequently (2-6).

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Prevalence of natural rubber latex allergy in hairdressers

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Key words: prevalence; epidemiology; natural rubber latex; allergy; contact urticaria; skin symptoms; hairdressers; protective gloves; questionnaire study; occupational. © Munksgaard, 1999.

Hand eczema is common among hairdressers (1, 2) and Van der Walle & Brunsveld (3) found natural rubber latex (NRL) to be a common cause.

Materials and Methods

The details of the study design have been reported earlier (4). Of a random sample of 500 hairdressers, 355 were available for a computer-aided telephone interview. 189 hairdressers reported work-related skin or respiratory symptoms, and 130 came for an occupational medical interview. On the basis of the interview, 109 met the criteria for suspected occupational skin or respiratory disease.

Prick testing was performed in 107 hairdressers. 3 NRL prick test substances were used: 2 made ourselves

from a household glove or a disposable latex examination glove, according to the recommendations of Turjanmaa (5); and 1 commercial prick test substance from Allergologisk Laboratorium (ALK, Copenhagen; NRL 1:100).

Results

313 hairdressers answered the question, "Do you use NRL gloves at work": 255 (81%) did not use NRL gloves at all; 20 (6.4%) used NRL gloves daily; 23 (7.3%) only 1× a week, and 15 (4.8%) less often than 1× a week.

3 hairdressers had an allergic prick test reaction to NRL. The ALK preparation was positive in all 3 patients, the household glove in 2 and the latex glove in 1.

In 1 case, NRL allergy was considered occupational (past relevance).

Case Report

A 40-year-old atopic hairdresser had had flexural dermatitis in childhood, and had worked in hairdressing since she was 17-years-old. She did not have respiratory symptoms. She had had hand dermatitis for 19 years. Initially, patch tests with a standard series and a hairdressing series had been negative. She was under dermatological follow-up when recruited for our study. Occasionally, she had had more extensive dermatitis, but in the past few years, only on her hands, both palmar and dorsal. She had previously used NRL gloves, but for the past 6 years, only vinyl gloves.

Patch testing with a modified European standard series and an extensive hairdressing series (4) was negative. Prick testing with environmental allergens and NRL was positive to cat and dog epithelium (diameter 5 mm), 3 NRL allergens (all 5 mm), and *Pityrosporum ovale* (6 mm). Histamine hydrochloride, 10 mg/ml, provoked a 7-mm reaction. A provocation test with an NRL glove produced whealing in 30 min, whereas a vinyl glove was negative. A RAST to NRL was negative (<0.3 kU/l).

It was concluded that the patient had been sensitized to NRL, but that the main cause of her hand eczema was irritation from chemicals and wet work. She has continued to work in her own hairdressing salon.

Discussion

The incidence of NRL allergy is highest in health-care workers (6), though industrial occupations may also be

at risk (7). The prevalence in our hairdressers was much lower than in those of Van der Walle & Brunsveld (3) in The Netherlands: 1.1% rather than 11%. Finnish hairdressers may use NRL gloves less than Dutch, or the quality of NRL gloves used by hairdressers may be better in Finland, though the latter seems unlikely (8). Vinyl gloves should probably be recommended for hairdressers.

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Allergic contact dermatitis from dithio-2,2-bis(benzmethylamide)

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Dithio-2,2-bis(benzmethylamide) has been marketed for the last 20 years, with no reports of dermatitis.

Case Report

A 51-year-old engineering support technician presented with exposure-pattern dermatitis. He had been dismantling a mill last used in the manufacture of 1,2-benzisothiazolin-3-one (BIT) and previously of dithio-2,2-bis(benzmethylamide). He wore overalls, a facemask and alternated between vinyl and leather-palmed gloves. His overalls sleeves had become soaked with water previously used to swirl down the mill, some of which ran

into his gloves. He finished work at 01:30, having noticed no obvious symptoms. He had a shower and went home. He awoke 9 h later with itchy swollen hands and a rash on the forearms and face. That evening, he saw his occupational health nurse and was treated with a potent topical corticosteroid on the arms and with a mild topical corticosteroid on the face, with improvement. He had a history of hay fever and was on treatment for hypertension. When seen 5 days later, the dermatitis was settling, though he did still have papular eczema on the lateral wrists and between some fingers.

Patch tests were performed with BIT (Chemotechnique) and serial dilutions of manufactured product