

Short Communication

Acute contact dermatitis and exanthematous pustulosis due to mercury

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Case Report

A 27-year-old man was admitted with a diffuse rash and a mild fever of 38°C. Physical examination revealed a left periocular eczematous plaque, and large erythematous, symmetrically distributed plaques covering the trunk, both thighs and upper arms. A unilateral keratitis was also noted. The following day, non-follicular pustules appeared on most of the plaques. Bacterial culture of pustule smears was negative. On further questioning, the patient reported applying an ophthalmologic cream that contained mercury 2 days before admission, because of mild pruritus of the right eyelids. He had obtained the topical preparation 'over the counter'. He healed within 5 days. Patch tests a few weeks later were positive at D2 to metallic mercury (0.5% pet.).

Comment

A diffuse exantheme with fever, followed by non-follicular superficial aseptic pustules is suggestive of hypersensitivity to mercury, which is characterized by its short time of onset after application of the suspected agent. In our case, we emphasize the unusual simultaneous occurrence of exanthematous pustulosis and acute contact dermatitis of the face, both related to topical mercury

use. Primary sensitization is likely to be due to disinfectant solutions, eye drops or handling a broken thermometer (1, 2). Mercuric oxide is still considered an effective treatment for many eyelid diseases (3). Mercurials used in traditional medicines should also be recognized as potentially harmful (4). Patch testing is recommended with metallic mercury and ammoniated mercury in patients with suspected contact dermatitis. The estimated relevance of a test with metallic mercury is more than 60% (5). Mercurials are still too easy to purchase.

References

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