

Persistent allergy to eucerin

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The patient was A.W., a physician, aged 48 years. Her mother had asthma. She herself had suffered from atopic dermatitis since she was 5 months old. At the age of 6 the only skin changes were a flexural dermatitis of the elbow and popliteal flexures. She regularly used an ointment consisting of eucerin and boric acid (3 % of each). The dermatitis persisted for years without any noticeable relation to seasons. At the age of 23 as a medical student she ceased using the ointment and to her surprise, the dermatitis cleared and did not return. She

was at the time patch test positive to eucerin and negative to 3 % boric acid. It is probable that the atopic dermatitis had subsided earlier, and lately she only had contact dermatitis from eucerin. From then on she used no more ointments or creams containing eucerin or lanolin.

Now 25 years later she applied the same ointment to the flexor aspect of her left elbow to see if she was still sensitive. After 4 days, dermatitis appeared. It is evident that her contact sensitivity to eucerin had persisted for a quarter of a century.

Dermatitis from Ammonyx® LO, a constituent of a surgical scrub

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A 36-year-old man was admitted for surgery on his right knee. The evening before the scheduled operation the skin below the waist was dry shaved and prepared with Hibiscrub®. Within 6 hours the painted areas felt hot and itchy and the following morning, when seen by one of us, the whole area showed papulo-vesicular eczema. One year previously, 2 days after the first operation on the right knee, when Hibiscrub had also been used to prepare the skin, irritation around the operation site had been attributed to sweat retention and tightness of the plaster of paris splint.

Hibiscrub contains:

Pluronic, a non-ionic surfactant described as polyoxy ethylene-polyoxy propylene
Chlorhexidine digluconate (B.P.)
Ammonyx LO
Isopropanol
Ponceau Red 4R
A mixture of 20 perfume ingredients
D-gluconolactone

The ingredients of Hibiscrub were kindly supplied by Imperial Chemical Industries and used in patch testing at the concentrations as formulated in Hibiscrub.

Patch test results were as follows:

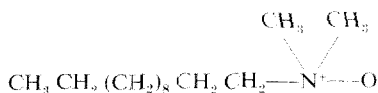
European standard battery	—
Hibiscrub 'as is' (open)	++
Hibiscrub 5 % aqueous	++
Hibiscrub 10 % aqueous	+++
Ammonyx LO 3.7 % aqueous	+++
Other ingredients of Hibiscrub	—

Patch testing, performed 6 weeks after the presenting dermatitis had settled, resulted after 48 h in generalized eczema and facial oedema. The patient has since had uneventful surgery, when an aqueous solution of chlorhexidine digluconate was used to prepare the skin.

Ten control volunteers were patch tested to Ammonyx LO 3.7 % aqueous and five showed mild irritant responses at 48 h. None showed the allergic reaction exhibited by our patient. Ammonyx LO 3.7 % aqueous applied as an

open test in the five volunteers who exhibited irritant responses was without effect.

Ammonyx is the trademark of a series of amine oxides. As a group they are surface active agents and are used in dishwashing compounds, shampoos, electroplating baths, paints and fuel additives. Ammonyx LO is lauryl dimethyl amine oxide:



It is used mainly in liquid dishwashing detergents, hair shampoos and foam baths for its foam boosting and stabilizing properties.

Occasional examples of primary irritant dermatitis occur following the use of Hibiscrub, which on testing are usually due to the Ammonyx component. The manufacturer is not aware of any allergic contact dermatitis due to Hibiscrub. We have not previously encountered, or heard of, a similar case in the North Staffordshire Health District, where 96 litres of Hibiscrub are used each month.

Contact eczema from methyl salicylate reproduced by oral aspirin (acetyl salicylic acid)

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A 63-year-old Iraqi businessman was being treated with paracetamol 250 mg thrice daily for pain due to osteoarthritis of the cervical spine and was referred when he developed an acute dermatitis of the neck, upper back, shoulders and dorsa of the hands.

The patient had been applying an analgesic ointment to his neck and back for 6 weeks in addition to prescribed therapy. The ointment contained menthol, camphor and 12 % methyl salicylate but no antihistamines or local anaesthetics. Patch testing to the constituents of the ointment (2 % in olive oil as recommended by Fisher (1973)) gave a positive reaction to methyl salicylate at 48 h, still present at 72 h, and negative reactions to the other ingredients.

He was advised to avoid all proprietary applications and the rash subsided with topical steroid therapy while he continued to take paracetamol as before.

He returned to Germany and Iraq and 3 months later returned to the UK with a reappearance of his eczema at the previous sites, although he denied using any topical applications except a steroid cream for a few days prior to appointment. It transpired that he had subsequently received treatment from physicians in Germany and Iraq because of his neck pain and had ceased paracetamol therapy. It was not possible to identify his Iraqi and German tablets completely but analysis showed that both of them contained aspirin (acetyl salicylic acid).

A non-aspirin containing analgesic was sub-

stituted and further patch testing carried out with results as follows:

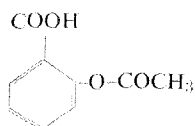
	48 h
Aspirin aqueous 0.3 %	—ve
Aspirin suspension aqueous 5 %	—ve
Sodium salicylate 2 % aqueous	+ +ve
Methyl salicylate 2 % in arachis oil	+ +ve

Negative results to the above were found in three control patients.

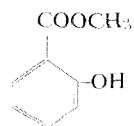
Five days later with his consent he was given 500 mg of aspirin and noticed pruritus and erythema again in the previously affected areas.

Discussion

It is presumed that the patient had a primary allergy to salicylate induced by methyl salicylate and exacerbated by systemic administration of acetyl salicylic acid.



Aspirin



Methyl salicylate

The negative patch tests to aspirin may be valid; on the other hand it is relatively insoluble in water (1:300). Other substances in which it is soluble such as alcohol and chloroform are too volatile for patch test use.

However, aspirin is rapidly de-acetylated in

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