

A curious case of allergy to mercuric compounds

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A boy aged 12 was admitted to a urology department with urethral stenosis. This stenosis was to be treated by operative surgery. About 10 days after admission a dermatitis was noted in the perianal area as well as on the buttocks. The operation was postponed also because of staphylococcal infection.

About 3 months later the patient was again admitted to the hospital. This time eczema of the same areas developed after one day. It appeared that a lubricant liquid called catheterpurinum was regularly used in taking the temperature. Catheterpurinum was originally used for catheterization. In the urology department in question, however, catheterpurinum is never used for catheterization and has been replaced by an alternative liquid containing chlorhexidine, lidocaine and methyl cellulose.

Catheterpurinum is an aqueous solution containing mercuric oxycyanide (B.P.C.) syn. hydrargyri oxycyanidum 0.25 %. This compound is sometimes also used in eye drops.

After patch testing (including the ICDRG standard series), the patient reacted very strongly (+++) positive to catheterpurinum. The following additional mercury compounds were tested:

Compound	Concentration/ vehicle	Reaction after 48/72 h
Mercuric oxycyanide	0.25 % pet.	+++
Thiomersal	0.1 % pet.	++
Phenyl mercuric nitrate	0.05 % pet.	++
Ammoniated mercury	1 % pet.	+++
Mercury (metallic)	0.5 % pet.	++

The last four compounds are present in the ICDRG mercury series.

Discussion

In this case the allergy to mercury was not a result of characterization, since another liquid which does not contain mercury was used. Perhaps allergic reactions after catheterization sometimes occur when lubricant liquids containing mercuric compounds are used.

This patient was probably sensitized to mercuric compounds during the two admissions when catheterpurinum was used regularly (twice a day) for lubricating the thermometer before the temperature was taken. Perianal eczema in patients with allergy to mercury and mercuric compounds is not always caused by a broken thermometer.

Patch test reactions to both inorganic and organic mercuric compounds were positive.

Allergy to idoxuridine eyedrops

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A man aged 59 suffering from *herpes simplex* keratitis of the right eye was seen 2 days after admission to the ophthalmology department

with a serious dermatitis around the right orbit which spread to the whole face within a few days. The patient had been treated with Idu-

ridin® eyedrops not only during the current admission to hospital but also previously. Iduridin eyedrops contain 0.1 % idoxuridine.

A patch test with the Iduridin eyedrops was strongly positive. To be certain that no preservatives or other components of Iduridin were the sensitizing agents, the patient was patch-tested with:

(a) 0.2 % idoxuridine in equal parts of dimethyl sulphoxide and cetomacrogol cream. This mixture is used in our department in cases of *herpes simplex* infection.

(b) 0.2 % idoxuridine in pet.

The reactions to both tests were positive (++). Idoxuridine is, therefore, the sensitizing agent in Iduridin eyedrops.

Sensitization to idoxuridine ointments has been reported by Osmundsen (1975) and Calnan (1976). Amon et al. (1975) describe one patient suffering from *herpes simplex* keratitis with allergy to 0.5 % idoxuridine ointment. They state that ophthalmologists have noted occasional conjunctival and corneal irritant reactions caused by idoxuridine but that no true delayed hypersensitivity has been verified. They did not describe patients with sensitization to idoxuridine in eyedrops.

The third case of Amon et al. (1975) is very interesting, since the patient was also sensitized to scopolamine hydrobromide 0.25 %.

Our patient had been seen about 1 year earlier with dermatitis of the orbit caused by allergy to atropine sulfate 0.25 % which was confirmed by a strongly positive patch test reaction. At that time he had not been treated with idoxuridine ointments or eyedrops. An explanation for this allergy to two different chemical compounds used in eyedrops seems to be difficult.

References

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Sensitivity to dichromate in milk testers

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Occupational contact dermatitis in milk testers has been described in France (Huriez et al. 1975) and Northern Ireland (Rogers & Burrows 1975). In two contact dermatitis clinics in Poland (Warsaw and Bydgoszcz) six such cases were seen over a period of 5 years. All were tested with the standard series and were positive only to chromate. Precise data are available for three of these patients.

Case 1. - J. C., female, aged 44. Six years earlier she had worked in a dairy laboratory as an unqualified tester. She came into contact with aqueous potassium dichromate solution. After 4 months of this work she developed

hand dermatitis. She noticed that the dichromate solution affected her skin, but continued work for a further 3 months. Since then she has worked as a cloakroom attendant. She still has recurrent dermatitis on the hands and sometimes on the dorsum of her feet, but less severely. Her dermatitis is now considered to be caused mainly by chrome-tanned leather and by matches.

Case 2. - W. C., female, aged 41. Since 1969 she has been working as a tester in a dairy laboratory. She always came into contact with potassium dichromate. The first skin changes appeared in May 1974. Although dermatitis in-