

1) and Movilisin® spray and its constituents and etofenamate (case no. 2) were also performed. 1 day after patch application, 1 of them was uncovered and irradiated with a PUVA-500 irradiation unit (Herbet Walmann Schwenningen, Germany) for 30 min. Readings were performed at 2 and 4 days. The results are shown in Tables 1 and 2.

Photopatch tests reproduced, in both cases, the same lesions that occurred with the topical application of Flugopropfen® spray (case no. 1) and Movilisin® spray (case no. 2). A photopatch test to etofenamate in case no. 2 was also positive. Patch and photopatch test were performed in 15 control patients with negative results.

Discussion

Flufenamic acid and etofenamate are anthranilic derivatives with anti-inflammatory properties. Flufenamic acid is an ester form of etofenamate, with very similar chemical structure. They are usually administered topically. Flufenamic acid may be administered orally also, with a high frequency of gastrointestinal symptoms (30–60%). Despite their wide use, there are few cases of contact dermatitis (1–7, 9) and contact urticaria (8) reported, suggesting a low allergenic potential.

Our results strongly suggest that both cases are photoallergic contact dermatitis due to etofenamate (case no. 1) and flufenamic acid (case no. 2). A positive photopatch test to etofenamate in case no. 2 suggests a possible cross-reactivity between both drugs. No previous references to this entity have been found.

References

1. Hergueta J P, Ortiz F J, Iglesias L. Allergic contact dermatitis from etofenamate: report of 9 cases. *Contact Dermatitis* 1994; 31: 60–62.
2. Gotze A, Teikemeier G, Goerz G. Contact dermatitis from etofenamate. *Contact Dermatitis* 1992; 26: 209.
3. Guerra L, Piraccini B M, Adami F, Venturo N, Tardio M. Contact dermatitis due to etofenamate. *Contact Dermatitis* 1992; 26: 199.
4. Knoll R, Ulrich R, Spallek W. Allergic contact eczema to etofenamate and dwarf pine oil. *Sportverletz Sportschaden* 1990; 4: 96–98.
5. Degenhardt A, Zick C, Hausen B M. Allergic contact dermatitis caused by etofenamate. *Z Hautkr* 1988; 63: 475–478.
6. Pinol J, Navarro M, Carapeto F J. Allergic contact dermatitis to etofenamate. *Contact Dermatitis* 1985; 13: 193.
7. Balato N, Lembo G, Cantelli V, Ayala F. Allergic dermatitis from etofenamate. *Contact Dermatitis* 1984; 11: 190.
8. Vanhee J, Gevers D, Doms Goosens A. Contact dermatitis from an antirheumatic gel containing etofenamate. *Contact Dermatitis* 1981; 7: 50–51.
9. Lederman R. Avaliacao da eficacia e da tolerabilidade do etofenamate gel em 3210 pacientes. Estudo multicentrico. *A Folha Medica* 1984; 88: 1–7.
10. Correia O, Barros M A. Exfoliative dermatitis with etofenamate. *Contact Dermatitis* 1990; 23: 264.
11. Pinol J, Carapeto F J. Contact urticaria to etofenamate. *Contact Dermatitis* 1984; 11: 132–133.

Allergic contact urticaria from poppy flowers (*Papaver rhoeas*)

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Case Report

A 20-year-old atopic man presented with a long-standing history of contact urticaria and facial oedema after contact with poppy flowers. He had a previous diagnosis of atopic, mite-allergic bronchial asthma since childhood, as well as peanut and Rosaceae fruit food allergy.

Poppy flowers (*Papaver rhoeas*) were freeze-dried, powdered and subsequently extracted at a 10% w/v ratio in NH_4HCO_3 20mM, pH 8.0 at 4°C for 1 h under magnetic stirring. The resulting suspensions were centrifuged at 39,000 g for 20 min, dialyzed against distilled water and filtered through a 0.22 µm pore-sized membrane. The crude extract was glycerinated at 50% v/v in 0.9% NaCl and adjusted to 3.3 mg protein/ml. On prick test-

ing with this preparation, the patient showed positive (6×6 mm) results, while 20 atopic controls were negative. Paper disks were activated with BrCN and coupled to the poppy extract at a protein concentration of 1 mg/ml. Specific IgE against poppy flower was positive (class 3) and negative against poppy seed.

Discussion

Poppy flower (*Papaver rhoeas*) is an annual, bright red-flowered plant of the Papaveraceae family, 20–60 cm in height. It grows as a weed in cereal (wheat, oats, etc.) field and country roads. Other plants of the same family, such as *Dicentra spectabilis*, have been reported as causes of allergic contact dermatitis (2). There are also

references on food allergy to poppy seed (3-5), but no previous references have been found to IgE-mediated contact urticaria from *Papaver rhoeas* flowers.

References

1. Ceska M, Eriksson R, Varga E. Radioimmunosorbent assay of allergens. *J Allergy Clin Immunol* 1972; 49: 1.
2. Lovell C R. *Plants and the skin*. London: Blackwell Scientific Publications, 1993: 127-128.
3. Braun W, Kövary P M. Mohnallergie (Poppy seed allergy). *Z Hautkr* 1988; 63: 344.
4. Kalyoncu A F, Stalenheim G. Allergy to poppy seed. *Allergy* 1993; 48: 295.
5. Vocks E, Borge A, Szliska C, Seifert H U, Seifert B, Burrow G, Borelli S. Common allergenic structures in hazelnut, rye grain, sesame seeds, kiwi, and poppy seeds. *Allergy* 1993; 48: 168-172.

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