

Contact dermatitis from sodium fusidate

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Case Report

A 44-year-old man presented with severe eczema in the anal and perianal area, which had spread to the buttocks and backs of the thighs. He had applied eosin and Fucidin[®] ointment for many months, having begun suffering from haemorrhoids. There was no personal or family history of atopy.

Patch tests were performed with the standard series, an antiseptics and preservatives series, an emulsifiers series, along with eosin and Fucidin[®] ointment. We found a positive reaction only to Fucidin[®] ointment[®], ++ at days 2 and 3. After cessation of the ointment, the eczema was cured and there was no relapse. Patch tests were next performed with the separate components of Fucidin[®] ointment, provided by Leo Laboratories. The test results showed a positive reaction only to sodium fusidate, the active component of Fucidin[®] ointment. This was more convincing in water or propylene glycol than in pet. or olive oil (Table 1).

Comment

Fusidic acid and its sodium salt, sodium fusidate, have long been widely used in the treatment or prevention of cutaneous infections, in particular with *Staphylococcus aureus*. It is an effective antibiotic with a weak sensitizing potential.

Until now, the majority of the 25 cases of contact sensitization reported have concerned leg ulcers or atopic dermatitis (1–9). As noted by De Groot (4) and Riess et al. (7), sensitization to fusidic acid can be favored by chronic inflammatory states, especially if associated with stasis dermatitis as in leg ulcers. In our opinion, these 2 conditions are related: chronic anal inflammation and venous stasis due to haemorrhoids. It therefore appears useful to test fusidic acid or sodium fusidate in such cases, particularly those with leg ulcers and atopic dermatitis, who quite often receive Fucidin[®] during treatment.

The usual preparation recommended for sodium fusidate patch tests is 1 to 2% in pet. (4). Positivity could be observed down to 0.1% pet. (5), but no lower. Concerning the vehicle, our observations allowed us to conclude that water or propylene glycol performs better than petrolatum or olive oil.

References

1. Verbov J L. Sensitivity to sodium fusidate. *Contact Dermatitis Newsletter* 1970; 7: 153.
2. Dave V K, Main R A. Contact sensitivity to sodium fusidate. *Contact Dermatitis Newsletter* 1973; 14: 398.
3. Cronin E. *Contact dermatitis*. Edinburgh: Churchill Livingstone, 1980: 208.
4. De Groot A C. Contact allergy to sodium fusidate. *Contact Dermatitis* 1982; 8: 429.
5. Romaguera C, Grimalt E. Contact dermatitis to sodium fusidate. *Contact Dermatitis* 1985; 12: 176–177.
6. Kulozik M, Powell S M, Cherry G, Ryan T J. Contact sensitivity in community-based leg ulcer patients. *Clinical and Experimental Dermatology* 1988; 13: 82–84.
7. Riess C E, Bruckner-Tuderman L. Delayed-type hypersensitivity to fusidic acid in patients with chronic dermatitis. *Lancet* 1990; 335: 1525–1526.
8. Baptista A, Barros M A. Contact dermatitis from sodium fusidate. *Contact Dermatitis* 1990; 23: 186–187.
9. Lewis F M, Gawkrödger D J, Bleehen S S, Nelson M E. Multiple contact sensitivity to eyedrops. *Contact Dermatitis* 1993; 28: 246–247.

Table 1. Positive patch test reactions

	D2	D3
Fucidin [®] ointment	++	++
sodium fusidate		
2% aq.	++	++
2% p.g.	++	++
2% pet.	+	+
2% o.o.	+	+

p.g.: propylene glycol

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