

Table 1. Common Causes of Facial Flushing

Benign causes
Emotion
Fever
Alcohol, food
Menopause
Causes associated with systemic disease
Carcinoid syndrome
Pheochromocytoma
Mastocytosis
Anaphylaxis
Other causes
Medications

Treatment of serotonin toxicity consists largely of cessation of the causative agent(s) and supportive therapy. In most cases, symptoms improve within 24 hours of cessation of the agent(s). However, patients who ingest drugs that have a long half-life or active metabolites should be monitored for progressively worsening symptoms.³ Supportive treatments are targeted to the airway, breathing, circulation, hyperthermia, and muscle rigidity and include sedation, intubation, cooling, and muscle paralyzers.³

Allergic Contact Dermatitis from Tricresyl Phosphate

Ramon Grimalt, Carlos Romaquera, and Joan Vilaplana

Précis

We present a case of contact allergy to tricresyl phosphate due to an external prosthesis.

Discussion

A 48-year-old woman was seen in our skin allergy unit for suspected contact dermatitis from a plastic prosthesis. Clinical observation revealed the presence of a well-defined area with vesicles over a reddish skin. The affected area corresponded to the exact zone of friction (Fig 1).

From the Hospital Clinic Barcelona, Barcelona, Spain.

Address reprint requests to Ramon Grimalt, Hospital Clinic–Dermatology, Villarroel 170 Barcelona 08036, Spain. E-mail: Grimalt@ub.edu

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Our patient reported decreased facial flushing with cessation of either the triptan or the SSRI and resurgence when she restarted the stopped medications. She is currently exploring other medication options.

Zebra

Serotonin toxicity is an uncommon but important cause of nonspecific facial erythema and warrants appropriate patient education and treatment.

References

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Patch testing with the North American Contact Dermatitis Group standard series and with a glues and adhesives series containing tricresyl phosphate (Chemotechnique, Malmö, Sweden) showed positive reactions to *Myroxilon pereirae* (++) and tricresyl phosphate (++) at both day 2 and day 4.

The morphology of our patient's reaction suggested a true allergic reaction. The official distributor of the prosthesis confirmed the presence of tricresyl phosphate in the patient's prosthesis. The final diagnosis was allergic contact dermatitis due to tricresyl phosphate. The patient dramatically improved after changing the prosthesis.

To our knowledge, this is the first report of allergic contact dermatitis from tricresyl phosphate since Norris and Storrs's 1990 report of a positive patch-test reaction to tricresyl phosphate in a patient sensitized by adhesive bandages.¹ Adhesive bandages are quite irritative, and a positive reaction could not exclude an irritative contact dermatitis. Although triphenyl phosphate (TPP) and



Figure 1. Clinical findings: an itchy reddish eruption involving the distal part of the amputation trunnion with close contact with the prosthesis.

triclesyl phosphate are similar in name and chemical structure, they do not seem to cross-react. Our patient showed no reaction to TPP.

Positive reactions to triphenyl phosphate were described by Camarasa and Serra-Baldrich² in 1992 and by O'Driscoll

and colleagues.³ A patient reported by Sasseville and Moreau showed no reaction when tested with triphenyl phosphate.⁴

Carlsen and colleagues described a triphenyl phosphate allergy from spectacle frames, also with no cross-reaction to triclesyl phosphate.⁵

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Contact dermatitis from triclesyl phosphate is extremely rare. Our patient is the first reported case of a reaction to an amputation prosthesis.

References

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