

CONTACT POINTS

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Allergic contact dermatitis caused by topical diltiazem

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Background

Following a recent report of contact allergy to Anoheal® cream (Alpharma AS, Oslo, Norway) (1), we report another patient allergic to the same product.

Case

A 36-year-old woman with a past history of coeliac disease and pruritus ani underwent a limited haemorrhoidectomy for anal fissures. Postoperatively, to relieve painful muscular spasms, she applied topical diltiazem in the form of Anoheal® cream. Perianal erythema and itch occurred after she had used the product for 1 month, and improved following its avoidance.

The patient was patch tested with her own products, Anoheal® cream as is, the British Society of Cutaneous Allergy baseline series, and the modified Steroid, Cosmetic and Fragrance series (allergens supplied by Chemotechnique Diagnostics, Vellinge, Sweden, and Trolab, Reinbek, Germany), using IQ Ultra patch test chambers (Chemotechnique Diagnostics). Patches were removed after 2 days, and final readings were undertaken at day 4. Results were graded according to the criteria of the International Contact Dermatitis Research Group.

At days 2 and 4, there were strongly positive reactions to Anoheal® cream (++/++) and to nickel (+/+++). Subsequent testing with individual

ingredients of Anoheal® cream, kindly supplied in pure form by the manufacturer, revealed positive reactions at day 2 to diltiazem 0.5%, 1% and 5% in pet. (+++/+++/++) and +++ reactions to each concentration at day 4. There were no reactions to the remaining ingredients of Anoheal® cream. As no positive reactions were seen in a further 50 patients patch tested with diltiazem at the same three concentrations, and as symptoms improved following avoidance of Anoheal® cream, we conclude that the positive patch test reactions in our patient were indicative of contact allergy.

Discussion

Allergy and photocontact allergy (2) to oral diltiazem have been reported and confirmed by patch testing (3). Diltiazem, a calcium channel antagonist, is both a systemic and a contact sensitizer. A spectrum of cutaneous reactions, including erythema multiforme, erythroderma, exfoliative dermatitis, pruritic exanthematous eruption, photosensitive erythroderma, acute generalized exanthematous pustulosis, and vasculitis, has been reported to be associated with diltiazem (2–4).

Our patient has been made aware of the potential for cross-reactions between calcium channel antagonists, including nifedipine and verapamil (3).

Although topical diltiazem has become available only recently, this is the second report of allergic contact dermatitis caused by Anoheal® cream. In the first report (1), allergy to topical diltiazem was deduced following patch testing with a powdered oral preparation containing both diltiazem and excipients. Diltiazem was not tested individually. We have demonstrated contact allergy to diltiazem, the active ingredient of Anoheal® cream.

With increasing use of topical diltiazem in the treatment of anal conditions, we expect to encounter additional patients with contact allergy to diltiazem.

Conflicts of interest: The authors have declared no conflicts.

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