

Systemic contact dermatitis in a gold-allergic patient after treatment with an oral homeopathic drug

To the Editor: A 76-year-old woman was referred because of an intensely pruritic eruption. Three months earlier she had developed itching of the perianal area and after another month itching lesions developed on other sites. She experienced general malaise with a subfebrile temperature. An extensive medical investigation performed by her family physician produced negative findings. The patient was treated by several dermatologists with potent topical corticosteroids, which gave symptomatic relief only. She denied smoking or using any medication. She could not, however, wear her gold earrings because of swelling earlobes but tolerated other gold jewelry. She had a dental gold crown for 20 years without any problems but it was removed because of further dental restorations. On examination a macular and papular eruption containing small vesicles was observed on the inner aspect of her forearms and cleavage as well as on upper portion of eyelids and perianal area. Patch tests with the Swedish baseline series and gold sodium thiosulfate (GSTS) 2% in petrolatum were positive only to GSTS on day 3 (3+ reaction). Repeated questioning revealed that the patient had been using the homeopathic medication, Aurocard, for "heart strengthening" for 4 months. Aurocard contains gold, so the patient was asked to stop the medication. Mometasone furoate cream and emollients were prescribed. After 2 days the patient reported that her perianal itching was gone and after 4 weeks she was completely clear of her eczema. The presence of 5 $\mu\text{g/mL}$ elemental gold in Aurocard was confirmed by atomic absorption spectrometry. Five months later, not using Aurocard, she was still clear of skin lesions.

Systemic gold is mainly used for the treatment of various rheumatologic diseases. Ear piercing, dental gold, and gold-plated cardiac stents have been shown to be a risk factor for gold sensitization.¹ Gold therapy may induce various adverse skin reactions including systemic contact dermatitis.² Aurocard is produced by Deutsche Homöopathie-Union. It is an over-the-counter medication, indicated for the treatment of early stages of heart insufficiency.³ There are no contraindications or reported adverse reactions. Besides herbal components it contains gold (III) chloride, which cross-sensitizes with GSTS.⁴ Our patient received 449.3 μg of elemental gold per month. Excretion of gold via feces and a high sensitivity to gold might be the cause of the perianal dermatitis, as 85% to 95% of gold is excreted in the feces.⁵ We were not able to test her gold blood concentration, nor test her with a serial

dilution to gold and provoke her systemically with gold. Our patient had a gold dental crown, probably the cause of her sensitization to gold, and a very strong positive patch test result to GSTS. Her rash disappeared when the gold-containing medication was discontinued. She was free of her dermatitis a few months later, speaking in favor of her dermatitis being caused by Aurocard. In addition, the patient continued to use herbal constituents of Aurocard without any adverse reactions. We suggest that our patient with a strong gold contact allergy experienced a systemic contact dermatitis elicited by a homeopathic medicine containing gold.

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Delayed primary diagnosis of LEOPARD syndrome type 1

To the Editor: LEOPARD syndrome (LS) is a rare autosomal dominant genodermatosis. It is characterized by multiple *L*entigines, *E*lectrocardiographic abnormalities, *O*cular hypertelorism, *P*ulmonary valve stenosis, *A*bnormal genitals, *R*etarded growth,