

Axillary allergic contact dermatitis to topical clindamycin

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Topical clindamycin is a rare sensitizer despite its widespread and often long-term use.¹ We present a case of allergic contact dermatitis (ACD) to topical clindamycin affecting both axillae.

CASE REPORT

A 63-year-old female presented with a 1-year history of intermittent axillary dermatitis. She described pruritic, red papules and patches involving both axillary vaults and the anterior/posterior axillary folds and lateral trunk. Hydrocortisone 1% and 2.5% creams provided minimal improvement. She had also been prescribed clindamycin phosphate 1% lotion for use as deodorant for bromhidrosis. She had discontinued all other deodorants and antiperspirants due to suspected contact dermatitis. Physical examination revealed light pink, nummular 0.5 to 1 cm eczematous plaques in the anterior/posterior axillary skin folds and lateral trunk (Figure 1).

Patch testing was performed with the 2019-2020 North American Contact Dermatitis Group screening series, several supplemental series, purified clindamycin 10% pet., and her home products, including clindamycin phosphate 1% lotion (tested "as is"). Patch test results on day 5 showed + reactions to purified clindamycin and clindamycin phosphate lotion (Figure 2). Repeat patch test of the purified clindamycin was also positive. Other potentially relevant positives included a ++ reaction to methylisothiazolinone and + reactions to methylisothiazolinone/methylchlorisothiazolinone, tixocortol-21-pivalate, and various fragrances (likely related to previous deodorant intolerance). Pertinent negative reactions included aluminum chloride hexahydrate 2% pet., Drysol (20% aluminum chloride hexahydrate, tested semiopen), and the inactive ingredients in clindamycin phosphate lotion (including cetearyl alcohol [20% pet.], stearyl alcohol [30% pet.], and sodium lauroyl sarcosinate [0.5% aq.]).

DISCUSSION

While patch testing has been used to diagnose systemic drug reactions to clindamycin, ACD from primary topical application is rare. The first case was described in 1978 due to an alcohol-based clindamycin hydrochloride 1% solution prescribed for facial acne.² Since then, at least nine other cases of ACD to topical clindamycin have been reported (Table S1), with only one other case specifically located in the axillae.³ Topical clindamycin is most frequently utilized for management of acne vulgaris and treatment of bacterial vaginosis,



FIGURE 1 Light pink nummular plaques in the periaxillary region

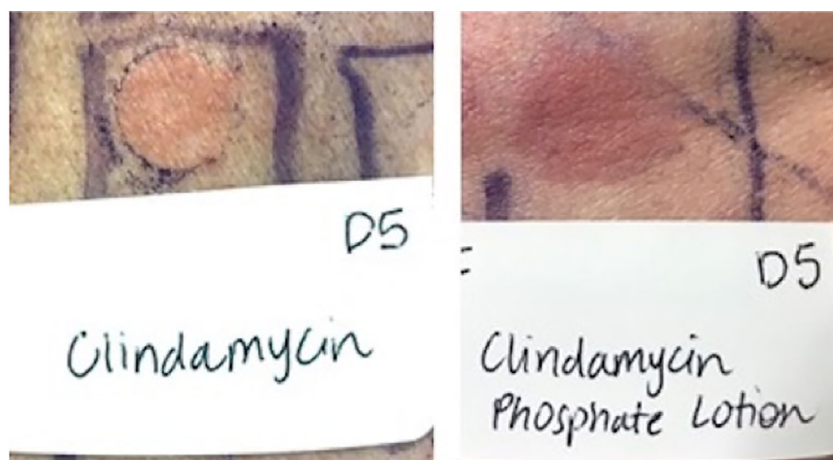


FIGURE 2 (A,B) + reactions to purified clindamycin 10% pet. and clindamycin phosphate 1% lotion (tested “as is”) on day 5 final readings

although it has been used off-label for controlling a variety of other dermatologic conditions, including rosacea and hidradenitis suppurativa.^{4,5} The two most common formulations are clindamycin hydrochloride and clindamycin phosphate; ACD to both preparations have been reported (Table S1).^{6,7}

Given that topical clindamycin is often indicated for long-term use, it is interesting that sensitization is rare. Reports of ACD to topical clindamycin can present atypically, leading to an increased probability for a delayed or missed diagnosis. Other diagnoses, including pustular rosacea and irritant retinoid dermatitis, have been considered in some cases prior to patch testing.^{8,9} In cases of worsening dermatitis coinciding with topical clindamycin usage, it is imperative to consider contact allergy.

CONFLICT OF INTEREST

The authors have no relevant conflicts of interest to disclose.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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Online supplemental Table. Previous reports of allergic contact dermatitis to topical clindamycin.

Study	Country	Body Site	Patch Test Results on Final Readings
Coskey, <i>Arch Dermatol</i> , 1978 (p. 446)	United States	Face	++ to clindamycin hydrochloride 1% aq at 48hr
Herstoff, <i>Arch Dermatol</i> , 1978 (p. 1402)	United States	Face	Positive reaction (strength not specified) to clindamycin aqueous capsular preparation (150mg/15mL) at 72hr
de Groot, <i>Contact Derm</i> , 1982 (p. 428)	The Netherlands	Face	++ to clindamycin lotion (as is) and clindamycin hydrochloride 1% aq at 96hr
Conde-Salazar, <i>Contact Derm</i> , 1983 (p. 225)	Spain	Generalized	+++ to clindamycin hydrochloride 1% aq and clindamycin phosphate 1% aq at 96hr
de Kort, <i>Contact Derm</i> , 1989 (p. 72-73)	The Netherlands	Face	++ to clindamycin solution and clindamycin phosphate 1% aq at 72hr
Yokoyama, <i>Contact Derm</i> , 1991 (p. 125)	Japan	Face	+ to clindamycin lotion (as is), clindamycin hydrochloride 0.5% aq and clindamycin phosphate 0.1% aq on D3
Vejlstrup, <i>Contact Derm</i> , 1995 (p. 110)	Denmark	Axillae, generalized	+ to clindamycin solution and clindamycin phosphate 1% aq on D3
García, <i>Contact Derm</i> , 1996 (p. 116-117)	Spain	Face	Positive reaction (strength not specified) to clindamycin phosphate 1% pet on D3
Romita, <i>Contact Derm</i> , 2017 (p. 181-182)	Italy	Face	++ to clindamycin 1% pet on D4, repeated open application test positive after 2 applications
Veraldi, <i>Contact Derm</i> , 2019 (p. 68-69)	Italy	Inguinal folds	++ to Clindamicina SAME gel, clindamycin hydrochloride 1% pet, clindamycin phosphate 1% aq on D4