

Case report

Contact allergy to budesonide contained in a nasal spray

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We describe a case of contact allergic sensitization to budesonide in a nasal spray used in the treatment of allergic rhinitis. No cross-sensitivity to other topical corticosteroids was found.

Reports of contact dermatitis from corticosteroids is not as uncommon as previously thought (5). Budesonide (butyraldehyde of prednisone acetone) is a topical corticosteroid used in the treatment of rhinitis, bronchial asthma and dermatological diseases. Allergic contact dermatitis to budesonide was first described by Hecke & Temmerman (1) in a psoriatic patient. Three other reports of contact allergy to budesonide in a nasal spray have been published (2, 3, 4).

Case report

A 29-year-old woman with allergic rhinitis due to house dust mites was treated with Rhinocort® (budesonide) nasal spray, at a dose of 50 µg b.i.d. After 2 months' use, she developed itching localized in the nasal cavity, and eczema with vesicles and edema around the nose. The eczema healed completely a few weeks after she ceased using the spray.

Patch tests were performed with the International Contact Dermatitis Research Group (ICDRG) standard series, with Rhinocort spray, budesonide in petrolatum (pet.) at concentrations from 0.25% to 1%, a placebo spray (sorbitol and Freon) without budesonide, and sorbitol (5% pet.) (all supplied by ASTRA-IFESA, Barcelona, Spain). The patient was also patch-tested with the following corticosteroids in petrolatum: beclomethasone dipropionate 0.05%, flucinolone 1%, fluorocortolone 0.2%, difluorcortolone 0.1%, fluocortin-butylester 0.75%, tixocortol 1%, hydrocortisone acetate 5%, methyl-

prednisolone acetate 10%, bethamethasone dipropionate 0.1% and klobetasol propionate 0.5%.

Results

The ICDRG tests showed an isolated ++ reaction to nickel sulfate. This finding corroborated her intolerance to metallic objects. All tested concentrations of budesonide, including the commercial spray, were positive (+++) with vesicular reaction at 96 h. No positive reactions were found with other corticosteroids tested after a week of observation.

Discussion

As in the three previously reported cases of budesonide sensitization in nasal spray, no reactions to other corticosteroids were seen in our patient. For more than 1 year the patient has been using a beclomethasone nasal spray with a good tolerance. It is evident that corticosteroid preparations used in the treatment of allergic diseases may be the cause of contact eczema and we must warn patients of this possibility. A patch test with budesonide in petrolatum (0.25% to 1%) proved useful for the diagnosis of contact allergy in our patient.

References

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