

Short Communication

Vesicular eczema and systemic contact dermatitis from sorbic acid

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Case Report

A 36-year-old atopic male storekeeper presented with vesicular eczema, initially involving the feet and then the hands, requiring time off work, and resistant to topical corticosteroid. He was patch tested to the European standard series and additional series including sorbic acid (2% pet.). Positive reactions were seen at D2 and D3 to parabens mix (+/++) and sorbic acid (+/+++), with edge effect for this latter allergen. A corticosteroid series (Chemotechnique Diagnostics®) was negative at D2, D3 and D8. Several weeks before, the patient had used Biafine® cream containing these 2 allergens, but the topical corticosteroids used did not contain either of them. On a diet free from sorbic acid for 15 days (1), lasting improvement was noticed, with reappearance on reintroduction of foods containing sorbic acid, such as yoghurt with prunes and strawberries (5 a day) and margarine.

Comment

Sorbic acid is present naturally in several red fruits, but may be synthesized for use as a preservative in certain foods (E 200) or in medical or cosmetic products (1). Sorbic acid is a rather rare sensitizer (2). Exacerbation of eczema after eating cheese labelled as containing sorbic acid has previously been noted by Grater (3) in a patient sensitized to sorbic acid. However, Klaschka & Beiersdorff (4) and Fisher (5) found that in patients who were allergic to sorbic acid, no reaction could be provoked orally.

Systemic contact dermatitis from sorbic acid has already been described. Giordano Labadie et al. (1) described such a case in a patient with eczema of the perianal and buttock areas, who had used Biafine®, but

without remission, despite stopping this cream; on a sorbic-acid-free diet for 15 days, the patient obtained complete recovery of his dermatitis. Raison Peyron et al. (6) described the case of a 1-year-old girl who presented with eczema of the hands, and was probably sensitized by moistened toilet tissue that contained sorbic acid. In spite of avoiding hygiene products containing sorbic acid, reactivation of hand eczema occurred; on a sorbic-acid-free diet and no associated treatment, the dermatitis greatly improved. Among clinical patterns of systemically-induced contact dermatitis (7) are eczema of the hands, skin folds, sides of the neck, eyelids and anogenital area. As previously reported (1), Biafine® was also used by our patient and it seems likely that this patient was initially sensitized to sorbic acid in this cream.

References

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