

Short Communication

Exacerbation of allergic contact dermatitis from amcinonide triggered by patch testing

DENIS SASSEVILLE

Division of Dermatology, McGill University Health Centre, Royal Victoria Hospital, 687 Pine Avenue West, Montreal, QC H3A 1A1, Canada

Key words: allergic contact dermatitis; topical corticosteroids; amcinonide; budesonide; ectopic flare; patch testing; complications of patch testing. © Munksgaard, 2001.

Case Report

A 20-year-old Indian woman had a strong personal and family background of atopic dermatitis, asthma and allergic rhinitis. Patch tests at age 14 years had been positive to nickel. In November 1998, her eczema became more severe on the backs of the hands and was treated with amcinonide 0.05% cream. Within 24 h, her lesions acutely worsened, with massive edema and copious exudation. Oedema and erythema also appeared on the eyelids and lips, sites never previously involved. The lesions cleared with oral prednisone given for 2 weeks at a daily dose of 0.5 mg/kg.

3 months later, the patient underwent patch testing with the North American standard series and a corticosteroid series (Chemotechnique Diagnostics, Malmö, Sweden). In addition, 3 formulations of amcinonide (Cyclocort® cream, ointment and lotion) were tested. At D4, positive reactions were noted to budesonide, triamcinolone acetonide and all Cyclocort® preparations (Table 1). Simultaneously, the patient experienced exacerbation of her hand and face dermatitis, accompanied by distant spread to the lower limbs. Once again, the severity of the dermatitis warranted a course of oral prednisone, tapered over 2 weeks. The patient's atopic dermatitis is now well controlled with topical betamethasone valerate.

Discussion

Allergic contact dermatitis from topical corticosteroids usually develops insidiously, as it is partially suppressed

by the anti-inflammatory properties of the causative agent (1). The mode of presentation is sometimes more acute, vesicular dermatitis, massive edema of the genital region, morbilliform and erythema-multiforme-like id-reactions having been reported (2–4). Le Coz et al. (5) described active sensitization to budesonide manifested by a late positive patch test at D17. Subsequent patch tests were positive to dilutions of budesonide down to 0.0001% eth. These authors conclude that budesonide is a potent allergen and concur with Isaksson et al. (6) in finding lower patch test concentrations to be more sensitive than those in general use.

Our patient's dermatitis developed abruptly within 24 h of topical amcinonide application, which denotes prior sensitization and strong allergenic potential, as further evidenced by the widespread id-reaction that followed patch testing. Over the past 5 years, most patients diagnosed with allergic contact dermatitis from topical corticosteroids at the Royal Victoria Hospital have been sensitized to group-B compounds. Amcinonide is the most frequent offender, even though it is used much less often than hydrocortisone, betamethasone valerate or triamcinolone acetonide. Concomitant or cross-reactions with the latter molecule are not rare, but are not constant either.

References

1. Matura M, Goossens A. Contact allergy to corticosteroids. *Allergy* 2000; 55: 698–704.
2. Rodriguez-Serna M, Silvestre J F, Quercedo E, Martinez A, Miguel F J, Gauchia R. Corticosteroid allergy: report of 3 unusually acute cases. *Contact Dermatitis* 1996; 35: 361–362.
3. Stingeni L, Caraffini S, Assalve D, Lapomarda V, Lisi P. Erythema-multiforme-like contact dermatitis from budesonide. *Contact Dermatitis* 1996; 34: 154.
4. Stingeni L, Hansel K, Lisi P. Morbilliform erythema-multiforme-like eruption from desoximethasone. *Contact Dermatitis* 1996; 35: 363–362.
5. Le Coz C, El Bakali A, Untereiner F, Grosshans E. Sensibilisation active au budésónide et à la paraphénylènediami-

Table 1. Patch test results

Allergen	%	D4
nickel sulfate	2.5%	++
budesonide	0.1%	++
triamcinolone acetonide	1.0%	++
Cyclocort® cream	0.1%	++
Cyclocort® ointment	0.1%	++
Cyclocort® lotion	0.1%	++

ne par tests épicutanés. *La Lettre du GERDA* 1998; 15: 88–92.

6. Isaksson M, Bruze M, Matura M, Goossens A. Patch test-

ing with low concentrations of budesonide detects contact allergy. *Contact Dermatitis* 1997; 37: 241–242.