

References

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Bufexamac is a frequent contact sensitizer

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The topical use of non-steroidal anti-inflammatory agents has been propagated for atopic and other eczemas, as an alternative to corticosteroid treatment, for more than 2 decades (1). Topical bufexamac (2-(p-butoxyphenyl)-acetyl-hydroxamic acid) is marketed under names such as Duradermal®, Ekzemase®, Jomax®, Malipuran®, Parfenac®, Proctoparf®, and Windol®. Its efficacy is, however, controversial (2-5), and by 1973, the first cases of contact allergy had already been reported (5, 6). Recently, an erythema-multiforme-like eruption was also described (7, 8).

Patients and Methods

From October 1994 to April 1995, 141 patients (38 male, 103 female) were patch tested with the topical drug series (22 substances, incl. bufexamac 5% pet.) of the DKG (German Contact Allergy Group) with Finn Chambers on Scanpor®. The test indication in most cases was eczema at the application site of medical creams and ointments. 4 patients were suspected of having contact allergy to bufexamac and were therefore additionally tested with their own topical medicaments.

Results

At the D3 reading, 8 patients (5.7%) reacted to bufexamac, with the female preponderance (88%) already well-described (8-10). 4 patients also reacted to a bufexamac-containing ointment, and 3 others had additional sensitizations (Table 1). In 5 cases, sensitization was currently relevant. The remaining 3 patients could not remember any use of bufexamac-containing applications. In most cases, patients had applied bufexamac topically for only a few weeks.

Discussion

The majority of patients reacted adversely after short-term application of bufexamac ointments (8, 10-12). Eczema enhances the risk of sensitization (8, 13). This frequency of sensitization contrasts with its lack of proven effectiveness (4). Against a background of increasing indications for topically applied bufexamac, e.g., treatment of anal eczema and the haemorrhoidal symptom complex (14, 15), there is a need for prospective studies to clarify its exact rate of sensitization and, even more importantly, its real clinical benefit.

Table 1. The 8 bufexamac-positive patients

Age (years)	Sex	Diagnosis	Reaction (at D3)	Other reactions	Test series	Notes
45	m	CD/lower leg	+	no	ST, EXT, D	
52	f	CD/face	+	no	ST, EXT, D	
73	f	pruritus ani	+	balsam of Peru	ST, EXT, D, SPLM	
35	f	CD/hands	+	PPD, mixed ointment	ST, EXT, D, DIS, O	Mixed bufexamac ointment
54	f	CD/hands, face	+++	benzoyl peroxide, Parfenac®	ST, EXT, D, O	Parfenac® for some weeks
65	f	CD/feet (distal)	+	Parfenac®	ST, EXT, D, O	Parfenac® for 2 weeks
74	f	CD/lower leg	+	no	ST, EXT, D	Parfenac®
71	f	CD/lower leg	+	Parfenac®	ST, EXT, D, O	Parfenac® for 1 month

CD: contact dermatitis. ST: standard series. EXT: series of emulsifiers, additives and vehicles. D: series of topical drugs. DIS: series of disinfectants. O: own ointments applied.

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Occupational dermatitis from isothiazolinones in diesel oil

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Kathon® CG in cosmetics caused many complaints in the late 80s in Europe. The very effective isothiazolinones are also widely used in household and industrial situations (1), often causing dermatitis unsuspected by the dermatologist (2, 3). There is not always cross-sensitization between different isothiazolinones (4).

Case Report

A man, aged 43 years, presented with hand eczema of 15 months duration. He had never had any skin complaints before. During the 1st year of the complaints, he did not consult his doctor. The clinical picture had started with vesicular eczema of the fingers; gradually the palms also became involved. The lesions were now becoming hyperkeratotic and showing fissures.

He had been a diesel mechanic at the maintenance garage of a large bus company for 25 years. In his work, he had continuous contact with diesel oil, among many other products. He was unable to work with gloves. Topical treatment with clobetasol-17-propionate did not help much. Initially, the eczema improved during days off and holidays, but by this time, it took 7 weeks to achieve significant improvement. He had recently had an exacerbation after using moist toilet paper.

Patch tests elsewhere had shown a reaction to thimerosal. He was patch tested again with an additional

standard series and a series containing a wide range of materials found in oils, grease and metalworking fluids (mainly from Chemotechnique).

Positive reactions were seen on D3 and D7 to:

	D3	D7
Cl+Me-isothiazolinone 0.01% aq.	++	++
2-methyl-4-isothiazolin-3-one 0.02% aq.	++	++
thimerosal 0.1% pet.	+	+
arnica tincture 10% aq.	?+	+

The reactions to thimerosal and arnica tincture were not relevant. Those to the isothiazolinones were immediately relevant in so far as the moist toilet paper that caused an exacerbation of the hand eczema contained Kathon® CG. Consultation with his occupational physician and the diesel oil supplier revealed the following additional information. For 3 years, Kathon® FP 1.5 had been added, on demand, to the diesel oil in the storage tanks of the bus company, to prevent deterioration, and for the last 4 months, routinely. It is not known exactly how much was added or what the end concentration in the storage tanks was. Kathon® FP contains a mixture of 5-chloro-2-methyl-4-isothiazolin-3-one and 2-methyl-4-isothiazolin-3-one (1.5%) in, mainly, dipropylene glycol. The isothiazolinones are the same as those in Kathon® CG.

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