

Drug reaction with positive patch test to chloramphenicol

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A positive patch test may be the result of a previous drug reaction. The following case serves to illustrate this point.

A 53-year-old woman had an osteoma removed from her maxilla in 1970. After the operation she was given chloramphenicol (1.0 g intra-muscularly) and a drug eruption followed. The changes soon spread and there was some serous exudation in places. She was treated with an antihistamine and calcium; corticosteroids were not used. Eight days after

the onset the skin changes reached maximum intensity and then gradually receded. After another 20 days the eruption had disappeared altogether. Five years later (October 1975) a patch test with 50 % chloramphenicol was positive. The patient had never had any other skin reaction.

Four other patients with a history of drug reactions to chloramphenicol were negative when patch-tested with 50 % chloramphenicol.

Clinical investigation on the local protective effect of antihuman-lymphocyte-globulin in contact allergy¹

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The immunosuppressive effect of antihuman-lymphocyte-globulin (AHLG) against T-lymphocytes made us ask two questions:

1. Is it possible to prevent eczematous reactions in specifically sensitized persons by topical application of AHLG?
2. Is it possible to differentiate true allergic patch test reactions from toxic ones by using AHLG?

In 25 clinically healthy persons who had recovered from contact dermatitis due to well known allergens and in 10 control persons we applied patch tests with the individual contactant, as well as sodium hydroxide 10 % aq. and mercuric chloride 1 % aq. as primary irritants, on areas which had been infiltrated with intradermal injections of AHLG, horse

globulin or sodium chloride 0.9 % aq. immediately before the patch test or 24 hours after it. The results were read at 30 minutes and 1, 2 and 3 days.

The results are shown in Table 1. It can be seen that it is possible to suppress an eczematous patch test reaction by intradermal injection of AHLG at the test site immediately before application of an allergen. It is also possible to differentiate an allergic patch test reaction from a toxic reaction, because a toxic one is not blocked by pre-test injection of AHLG.

We found that it is impossible to suppress an already present eczematous reaction by AHLG injections, because AHLG has a protective topical effect only. It is binding to skin patrolling T-lymphocytes before these cells can react with an allergen, applied a short time

Table 1.

Substance	Num- ber of cases	Results of patch testing									
		24 h		40 h		72 h		AHLG before patch test		AHLG 24 h later	
		pos.	neg.	pos.	neg.	pos.	neg.	pos.	neg.	pos.	neg.
Benzocaine 1 % pet.	1	1	0	1	0	1	0	0	1	1	0
Chloramphenicol 2 % pet.	4	4	0	4	0	4	0	0	4	4	0
Potassium bichromate 0.5 % aq.	8	6	2	8	0	8	0	0	8	8	0
Dibenzthione 3 % pet.	4	3	1	4	0	4	0	0	4	3	1
Nickel sulfate 5 % aq.	4	4	0	4	0	4	0	0	4	4	0
Ethacridine lactate 0.1 % aq.	2	2	0	2	0	2	0	0	2	2	0
Xanthocillin 1 % pet.	2	2	0	2	0	2	0	0	2	2	0
NaOH 10 % aq.	5	5 TR	0	5 TR	0	5 TR	0	5 TR	0	5 TR	0
HgCl ₂ 1 % aq.	5	5 TR	0	4 TR	1	4 TR	1	5 TR	0	4 TR	1

TR = toxic reaction; pet. = Yellow soft paraffin DAB 7; aq. = Aqua DAB 7; pos. = positive; neg. = negative.

¹ Short version of an article published in *Dermatologische Monatsschrift* (1975) 161, 268-271.

later. This local protective effect of AHLG lasted for about three days.

We did not see any immediate type reactions to AHLG or to horse globulin, but it is possible. In some of our cases reversible local side effects were seen such as plaque-like infiltrates and small haemorrhagic spots, but never any systemic or general complications, probably because of the very small amounts of AHLG used (1.8 to 3.0 ml).

References

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