

After 23 days the patch test reaction to IPPDA faded without showing any residual purpuric reaction.

Histology. The biopsy of a pigmented lesion showed a hemosiderin deposit around the vessels.

Comment

Based on previous papers of Batschvarov & Minkov (1968), Calnan & Peachey (1971) and Fisher (1974) reported under the name of PPPP Syndrome a clinical picture characterized by the appearance of a contact dermatitis developing with pruritis, petechiae and purpura caused by a rubber antioxidant N-phenyl-N-isopropylparaphenyldiamine (IPPDA)). The above-mentioned reports differ in that:

- a) Some of the cases of Batschvarov & Minkov (1968) evolved with residual pigmented lesions.
- b) The cases reported by Calnan & Peachey (1971) were localized to the legs and feet and were caused by contact with rubber boots.
- c) Only Calnan & Peachey (1971) succeeded in reproducing the lesion showing a purpuric

IPPDA patch test reaction in two of their patients.

The initial pruritis in our patient followed by the appearance of erythematous-squamous, purpuric and petechial lesions after contact with the elastic of brassieres developed into pigmented purpuric lesions; our patient showed a positive patch test reaction to IPPDA which is similar to that described in the report of Batschvarov & Minkov (1968) as a cause of residual pigmented lesions.

This is the first reported observation of this syndrome in Spain.

References

- Batschvarov, D. & Minkov, D. M. (1968) Dermatitis and purpura from rubber clothing. *Transactions of the St. John's Hospital Dermatological Society* 54, 178.
- Calnan, C. D. & Peachey, R. D. G. (1971) Allergic contact purpura. *Clinical Allergy* 1, 287.
- Fisher, A. A. (1974) Allergic petechial and purpuric rubber dermatitis. The PPPP syndrome. *Cutis* 14, 25.

Contact urticaria from egg

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Three years ago a man aged 21 years told us that from earliest childhood he had been strongly sensitive to hen's eggs. After eating eggs he always developed diarrhoea and abdominal pain, frequently vomited, felt faint (anaphylactic shock?) and sometimes had dyspnoea. These symptoms appeared even after trace amounts of egg, such as that found on a knife used for buttering bread which had been used previously for cutting eggs. Severe symptoms occurred after eating cakes, cutlets and all dishes containing eggs; for this reason he usually took his meals at home. Since this was not always possible, he had severe symptoms once or twice a year in spite of maximal precautions. If he stays

for more than 20 min in a room where opened eggs lie on a plate he begins to feel dyspnoea and nausea. The patient requested an appropriate medical certificate in order to be excused from military service since he required a special diet.

The confirmation of these findings was difficult. A scratch test and exposure could of course not be done. Therefore his right lower lid was smeared with egg white. After several minutes severe swelling of the eyelid was observed together with unilateral rhinitis. At the same time the back of his left hand was smeared with egg. The swelling was distinct though not so severe, and the patient could not

take off his ring. Blood pressure after 30 and 60 min was normal. The symptoms were arrested by large doses of steroids and antihistamines. The patient then remembered that he once had swollen hands after washing the floor where an egg had fallen and broken.

Two weeks ago the patient reported again for a new certificate. This time his hand was smeared with egg and it was washed off after 3 min. Oedema appeared but was less marked; the patient could take his ring off although only with difficulty.

This case differs from the two cases earlier described in this department of contact urticaria due to hairs from a rat's tail (Rudzki 1975) and contact urticaria due to silk (Rudzki 1976).

The differences are:

(1) in the present patient the symptoms appear especially after ingestion of eggs, whereas in the other two they occurred only after topical contact.

(2) in the present patient topical contact produced rhinitis while in the other patients the symptoms were exclusively local. This second difference may, however, be due to the different degree of hypersensitivity.

References

- Rudzki, E. (1975) Contact urticaria due to hairs from a rat's tail. *Contact Dermatitis* 1, 252.
Rudzki, E. (1976) Contact urticaria from silk. *Contact Dermatitis* 3, 53.

Difolatan dermatitis in a welder; non-agricultural exposure

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Takamatsu et al. (1968) have reported sensitization of 25–28 % of agricultural workers in Japan who used difolatan. Camarasa (1975) reported sensitization of four of forty-one workers who packed orthodifolatan. This is a report of sensitization in a non-agricultural worker.

A 41-year-old welder was employed by a plant maintenance company which serviced plants distributing difolatan. He had worked in various plants for 1½ years, frequently brushing against large bags of difolatan. Although he had not been previously troubled, he suddenly developed marked vesiculation and edema of his face and hands, with associated wheezing. Various attempts to work in other plants which distributed difolatan resulted in recurrences despite extensive protective measures.

Patch testing was unremarkable except for a 2+ reaction to 1 % difolatan in petrolatum at 72 h. A test to 0.1 % difolatan in petrolatum subsequently became positive. Systemic steroids were required to suppress the patch test reactions.

References

- Camarasa, G. (1975) Difolatan dermatitis. *Contact Dermatitis* 1, 127.
Takamatsu, M. et al. (1968) Epidemiologic survey on dermatitis from a new fungicide used in tangerine orchards in Kumamoto prefecture. *Journal of the Kumamoto Medical Society* 42, 854–859.