



FIGURE 1. Allergic contact dermatitis on a patient status post TKA of the right knee with an erythematous papular eruption.

infection was ruled out with negative culture results because ACD to Dermabond can mimic a cutaneous infection. One patient's biopsy demonstrated spongiotic dermatitis with a perivascular lymphocytic infiltrate and numerous eosinophils, favoring a hypersensitivity reaction seen with ACD.

Two of the 3 patients that were patch tested developed a positive reaction to Dermabond.

All materials used during the TKA were reviewed, and Dermabond was the only addition. No rash had developed until Dermabond was added to the surgical procedure.

The rash cleared with topical steroids within 2 weeks in all 15 cases and never recurred. This eliminated the Simplex Bone Cement (polymethyl methacrylate) or the metal implant as the cause of the rash because it would have remained as long as the bone cement and/or the metal were present. In the 4-year follow-up, there has been no recurrent rash. There is no loosening of the joint or need for further joint replacement, which further eliminates the polymethyl methacrylate as a cause.

Despite the nearly 2% incidence of delayed hypersensitivity reaction to Dermabond, this method of wound closure will continue to increase because of its benefits and patient satisfaction, which overcome the potential risk of ACD. Because Dermabond is increasingly adopted as the standard wound closure in many joint replacement centers, allergic reactions should be considered and recognized early, as this is an easily treatable condition.

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Allergic Dermatitis From Cyanamide for Chronic Alcoholism Detoxification

To the Editor:

Cyanamide is an organic amide used in a variety of fields. In clinical practice, cyanamide (carbimide or calcium carbimide) is mostly used for the treatment of patients with alcohol dependence because of the effect on ethanol metabolism through inhibition of aldehyde dehydrogenase.¹ We here describe 2 cases of allergic dermatitis induced by calcium carbimide for the treatment of chronic alcoholism.

A previously healthy 43-year-old woman presented with repeated episodes of pruritic, erythematous scaly lesions on the left forearm and hand over the last year. No history of atopy was recorded. The lesions cleared after 10 days of topical corticosteroid treatment. The patient denied the use of any drugs or substances, but she eventually admitted manipulation of ampoules of calcium carbimide (Colme; Faes Farma, Madrid, Spain) and spillage a few times when opening the ampoules and preparing the drops for the treatment of her husband's alcoholism.

The second patient was a 56-year-old woman with pityriasis rubra pilaris for 20 years. She developed erythematous eczematous lesions on some areas of her trunk and extremities 2 weeks after she started a daily alcoholism treatment with calcium carbimide (Colme). The lesions resolved after discontinuation of calcium carbimide and topical treatment with steroids and oral antihistamines.

The 2 patients were patch tested with the standard series of the Spanish Contact Dermatitis and Skin Allergy Research Group and 10% aqueous solution of Colme. Both patients had a positive skin test reaction at days 2 and 4. All clinical

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symptoms resolved when the use of Colme was stopped. The first patient avoided handling the drug, and the second patient switched from treatment with calcium carbimide to disulfiram.

The skin reactions provoked by cyanamide are very rare and are generally associated with systemic reactions after ingestion of the product. However, allergic contact dermatitis has also been detected in persons who prepare cyanamide for administration to patients.² In the spectrum of cyanamide-induced skin reactions, eczematous erythroderma and lichenoid eruption have been described in people who follow a daily treatment of alcohol dependency.^{1,3} Severe cutaneous reactions simulating erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported in agricultural grapevine workers after the unprotected use of hydrogen cyanamide.⁴ Allergy has also been described by airborne contact in a chemical worker who used cyanamide as a reagent in the synthesis of phosphorylcreatine.⁵

We present 2 cases in which cutaneous allergy was detected when cyanamide was used for detoxification treatment of chronic alcoholism. Even when calcium carbimide is well tolerated, adverse reactions have been reported, particularly when the substance comes into contact with the skin or after systemic use. Allergy dermatitis caused by cyanamide may be more frequent than expected because in some cases and in the presence of skin reactions, the health care provider may discontinue cyanamide and switch to another alternative drug.

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Symptomatic Dermographism Mimicking Latex Allergy

To the Editor:

Natural rubber latex (NRL) allergy can present as a type I (immediate) or type IV (delayed) hypersensitivity reaction. However, many patients in whom allergy to NRL is suspected are negative when investigated by prick testing, patch testing, and serological analysis for specific IgE. The differential diagnosis in these cases can include irritant contact dermatitis and dermographism (physical urticaria).¹ We report a cohort of patients referred with symptoms clinically suggestive of latex allergy but with negative investigations who have been demonstrated to have dermographism.

The data were retrospectively collected from the British Society for Cutaneous Allergy electronic database.

From June 2009 to June 2012, a total of 2668 patients underwent patch testing in our 2 centers. A total of 15 patients were referred for suspected latex allergy but ultimately diagnosed with symptomatic dermographism (Table 1). The diagnosis was made on the basis of presenting symptoms, negative allergy tests, and a positive test for symptomatic dermographism. The latter was defined as itchy linear wheals on the back, appearing within minutes of light skin stroking. All patients were women, with the mean age of 28 years. Eleven patients presented with symptoms on the hands after wearing latex or nitrile gloves, whereas 6 patients complained of genital symptoms after contact with condoms. Four women had more than 1 anatomic area affected. Ten patients were in occupations related to health care.

Dermographism is the most common form of physical urticaria and can be immediate and delayed (appearing at least 30 minutes after provocation). Simple immediate dermographism occurs in approximately 5% of the general population as an exaggerated physiologic response to skin stroking. Symptomatic immediate dermographism manifests with linear whealing and erythema of the skin at sites of scratching or friction associated with pruritus and burning. An uncommon variant of this phenomenon on the hands, previously termed as *localized symptomatic dermographism*, has been reported to mimic allergy to latex gloves.^{2,3} A symptomatic dermographism of the female genitalia has also

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