

Allergic contact dermatitis masquerading as carcinoid syndrome

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CASE REPORT

A 67-year-old female airline flight attendant with a past medical history of severe occupational allergic contact dermatitis (ACD) secondary to isothiazolinones (MCI/MI, MI), tixocortol-21-pivalate, and amidoamine presented to our clinic with painful flushing of her face and shoulders with associated palpitations for 4 weeks duration for second opinion for a diagnosis of carcinoid syndrome. Her current medications included omeprazole, hydroxyzine, tretinoin topical cream, and methylprednisolone. Evaluation by a local dermatologist and endocrinologist had revealed serial elevated chromogranin A (CgA) at 177ng/mL and 209ng/mL but normal 5-hydroxyindoleacetic

acid (5-HIAA). Follow-up CT of her chest, abdomen, and pelvis revealed no suspected carcinoid lesions so the patient had been referred to a tertiary care hospital for further workup.

Physical examination revealed edematous confluent eczematous papules and erythema on the neck and face. A biopsy of the area demonstrated spongiotic dermatitis with eosinophils and Langerhans cell aggregates consistent with ACD (Figure 1). The patient reported treating the flushing with a cold compress wrapped in hand towels. Evaluation of household products identified isothiazolinones in the patient's fabric softener. The patient had nearly complete improvement in flushing, dermatitis, and palpitations within 2 weeks of avoidance of identified allergens, class C oral steroid taper, and class C steroid topical treatment. Repeat CgA levels normalized after discontinuation of omeprazole. At 6-month follow-up there was complete resolution of symptoms. Additionally, the patient reported a history of anxiety, and in retrospect, contributed her palpitations to anxiety associated with the uncertainty of her health condition.

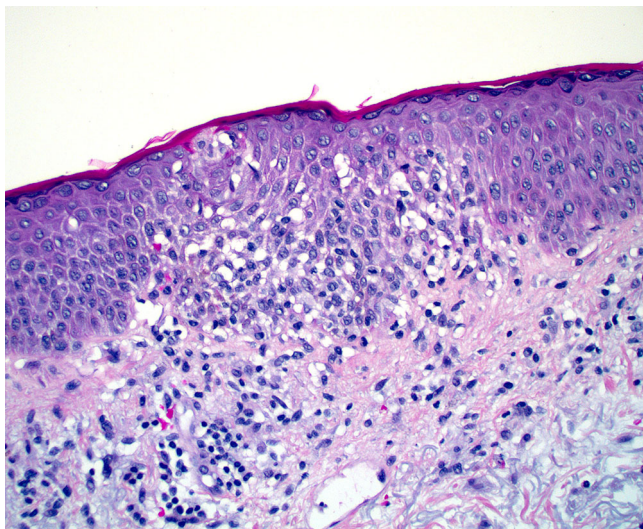


FIGURE 1 H&E 200x magnification demonstrating spongiotic dermatitis with eosinophils and Langerhans cell aggregates

DISCUSSION

This case is a unique presentation of ACD initially suspected to be carcinoid syndrome because of the confluent edematous plaques on the face and neck and elevated CgA levels. The patient reported long-term proton pump inhibitor (PPI) use, which has previously been shown to markedly elevate CgA levels.^{1,2} PPIs are a common and increasingly prescribed medication class. Physicians should be aware of this medication side effect when evaluating patients with an elevated CgA and history of PPI use. ACD is a common dermatologic condition that may mimic more serious conditions and must remain on the differential in the setting of recurrent dermatitis.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

Neil Vigil: Conceptualization; formal analysis; resources; validation; writing-original draft; writing-review and editing. **Dathan Hamann:** Conceptualization; formal analysis; resources; validation; writing-original draft; writing-review and editing.

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