

Letters to the Editor

Allergic contact dermatitis from acylamide local anesthetics

Dear Sir

We have read with interest the short communication by Weightman et al. (1) on allergic contact dermatitis from lignocaine and we appreciate their interest in our work (2). We would like to comment on 3 points.

(i) In Table 3, the authors show case reports with cross-reactivity between different acylamide local anesthetics and present cinchocaine and dibucaine

in 2 separate columns (1). However, according to the Merck Index 1996, cinchocaine and dibucaine are synonyms for the same chemical entity (CAS 61–12–1), further names being, e. g., percaïne and nupercaïne.

(ii) Although cinchocaine contains an amide in the intermediate chain and may be classified as alkylamide, it may also be classified as a quinoline derivative (3). From the chemical structure of its aromatic part, cross-reactivity to acylamide and ester derivatives appears to be unlikely (Fig. 1) (2).

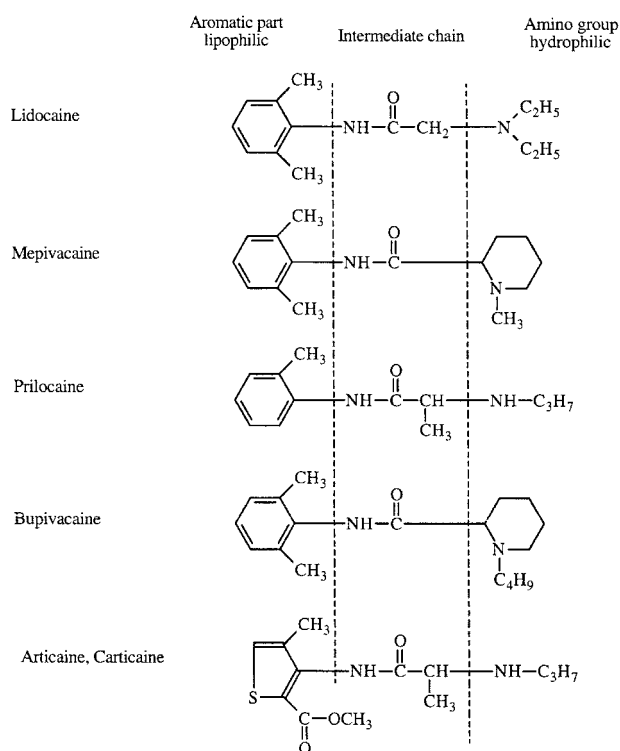
(iii) We have tested in our patient all acylamides mentioned in Table 3 (1), and also cinchocaine (dibucaine) and the 3 ester local anesthetics, procaine, oxybuprocaine and tetracaine (amethocaine). With the exception of articaine, all other acylamides, including bupivacaine, were positive, whereas esters and cinchocaine were negative (2). Therefore, our patient cross-reacted to all acylamides, with the exception of articaine, and was not sensitized to esters and cinchocaine. We believe it is important to clearly distinguish between chemically different groups of local anesthetics, to be able to recommend safe alternatives in affected patients. We hope that we were able to clarify some of the questions raised.

Yours sincerely

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Aminoacylamides



Aminoalkylamide

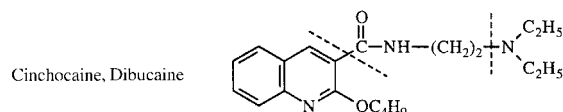


Fig. 1. Chemical structures.

References

1. Weightman W, Turner T. Allergic contact dermatitis from lignocaine: report of 29 cases and review of the literature. *Contact Dermatitis* 1998; 39: 265–266.
2. Bircher A J, Langauer Messmer S, Surber Ch, Ruffli Th. Delayed-type hypersensitivity to subcutaneous lidocaine with tolerance of articaine: confirmation by in vivo and in vitro tests. *Contact Dermatitis* 1996; 34: 387–389.
3. De Groot A, Weyland J, Nater J. *Unwanted effects of cosmetics and drugs used in dermatology*. Amsterdam: Elsevier, 1994.

Reply

Dear Sir

We thank Bircher and Surber for their letter. We were not aware that cinchocaine and dibucaine were the same chemical and thank them for pointing this out. We agree that it is important to understand which group a local anesthetic belongs to, so that the correct advice can be given to the patient.

Yours sincerely

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SLS-induced skin irritation

Dear Sir

It has been brought to my attention that a misstatement was made in our recent publication (1). It was stated that a work by Treffel & Gabard, referenced as (2) in the paper, failed to include "either a water or blank control patch". This was an error, since the authors, in fact, did have an aqueous control that contained no sodium lauryl sulfate. I take full responsibility and regret the error.

Yours sincerely

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Reference

1. Tavakkol A, Kligman L H, Morrison B M, Polefka T G. The effects of prolonged use of surfactants on the skin of normal and photo-exposed hairless mice. *Contact Dermatitis* 1998; 39: 231-239.