

Irritant contact dermatitis from *Cerastium tomentosum* (snow-in-summer)

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Irritant contact dermatitis has been reported from many plants including tulip bulbs, *Euphorbiaceae* and *Compositae* (1).

Case Report

A 65-year-old woman presented with a 1-year history of an intermittent, itchy, erythematous rash on both hands, which she associated with handling a plant in her garden. There was no family or personal history of atopy. On examination, there was a mild dermatitis on both hands and finger pulps, which was settling because she had not gardened for several weeks. The plant was later identified by CRL as *C. tomentosum* or "snow-in-summer", a member of the pink family (Caryophyllaceae).

She was patch tested to the European standard series and to the plant as is. There was no reaction to the plant, though a + reaction was seen to lanolin in the European standard series. She had used a lanolin-containing emollient in the past but had discontinued this some months previously. A diagnosis of irritant contact dermatitis from the plant was made and she was advised to avoid it. Her dermatitis cleared up and she has had no further problems whilst avoiding the plant.

Discussion

It seems that *C. tomentosum* can be a cause of irritant contact dermatitis and should be added to the list of plants capable of causing an irritant reaction, although this has not been reported before. The incidence of irritant reactions to plants is difficult to quantify because of under-reporting and the high frequency of mild reactions. Plants cause irritant reactions via mechanical/physical mechanisms and/or via chemical effects. For example, rose thorns cause physical injury and rose hips cause problems via irritant fibres (1). Several plants contain chemical irritants, such as crystalline calcium oxalate, and irritation can be due to the structure of the crystals themselves (1). The mechanism of the irritant reaction in our patient is unclear, but may represent a chemical effect as the plant had no obvious spines, fibres, hairs or sharp-edged leaves.

Reference

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Contact bullous pemphigoid?

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Key words: irritant contact dermatitis; bullous pemphigoid; benzyl benzoate. © Munksgaard, 1996.

A 25-year-old man presented with an acute bullous eruption, which was distributed widely and evenly, following treatment with a 30% benzyl benzoate preparation for scabies. This had been applied to him and his sexual partner 2× a day, after which his partner was healed. The patient, however, developed an erythematous reaction, followed after 2 days by dense bullae. Direct immunofluorescence on perilesional skin showed linear deposits of IgG and complement C3 along the basement membrane zone. Indirect immunofluorescence on normal human skin substance was negative. A patch test with benzyl benzoate 1% pet. was negative.

Discussion

A pemphigoid-like bullous reaction related to ibuprofen was recently described (1) in 2 patients. Typical pemphigoid after antiscabietic therapy with 30% benzyl ben-

zoate has already been described by Wranicz & Czernielewski (2). We have previously proposed contact dermatitis as a trigger factor for a number of other dermatoses of unknown origin, including pemphigus, mycosis fungoides, and granuloma annulare (3-5).

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