

### Case Report

A 22-year-old woman presented with a 2.5-year history of hand dermatitis, which started while working as a pizza chef. The initial hand rash was associated with a recurrent urticarial rash of the hands and arms for approximately 1 month. She gave a further history of perioral itching and lip swelling after consuming olives, with the severity dependent on a particular type of olive. She had a history of asthma, hay fever and endogenous eczema, affecting the flexures, thighs, abdomen, and face. Previous prick testing was positive to latex, house dust mite, grass pollens, eggs, and prawns.

She was patch tested using a modified European standard series, supplementary allergens including our cheilitis and nail acrylate series, and her own samples applied in Finn chambers<sup>®</sup> on Scanpor<sup>®</sup> (Epitest, Tuusula, Finland). Positive results on day 4 were obtained with propolis 10% pet. (+), coriander 25% pet. (+), and nutmeg 25% pet. (+). The patient had used a moisturiser containing propolis, and advice on allergen avoidance was given. No relevance could be found for the reactions to nutmeg and coriander. She was also prick tested to a variety of foods supplied by the pizza company. There was a flare reaction to the olive, but no wheal reaction. All other tests were negative, except for the positive control (histamine), which gave a wheal of only 1 mm. While a flare reaction is not normally considered positive, in view of the definite history and the weak positive control, the reaction was considered relevant. The patient declined repeat testing with a variety of other olive types. The patient had avoided eating olives, and has had no further episodes of perioral itching or swelling. However, 7 months after ceasing work as a pizza chef, her hands remained affected by dermatitis. Prick testing to olive has been negative, with no wheal or flare reaction, in 10 healthy asymptomatic controls.

### Contact urticaria to olives

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Jason Williams,<sup>1</sup> Hugh Roberts<sup>1</sup> and Bruce Tate<sup>2</sup>

<sup>1</sup>Occupational Dermatology Research and Education Centre, Skin and Cancer Foundation, and <sup>2</sup>Skin and Cancer Foundation, Melbourne, VIC 3053, Australia

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Allergic contact dermatitis (ACD) to olive oil (1–6) and olive wood (7–8) is rare. However, ACD or contact urticaria to olives has not been reported.

sodes of contact urticaria have resulted in a protein-contact dermatitis affecting the hands. However, the persistence of the hand dermatitis 7 months after leaving that work environment and entering the clothing retail trade, make this diagnosis less likely. Other possibilities include endogenous eczema affecting the hands, although the possibility of persistent post-occupational dermatitis (9) should be considered. The possibility of systemic contact dermatitis, from propolis, coriander, or nutmeg, causing the widespread rash should be considered in view of the positive patch tests. However, the patient rarely consumed these foods, and had not noticed any relationship between diet and the dermatitis. Furthermore, the concurrent history of asthma and hay fever suggests that endogenous eczema is the cause of the widespread eruption. In previous reports of positive prick tests to olive pollens (10–11), it is interesting to note that the patients had positive results to latex on prick testing, which was also observed in this case. 10 protein allergens have now been characterized from olive pollen (Ole e 1 to Ole e 10). Palomares et al. have suggested that Ole e 9, in particular, may be responsible for cross-reaction not only between latex and fruits, but also between latex and pollens (including olive pollen) (12). While the allergen in olives is unknown, it is possible that Ole e 9 plays a key role. No relevance could be found for the latex allergy. In particular, the patient did not wear any latex gloves. In addition to reporting contact urticaria to olives, this case highlights the difficulty proving occupational causation.

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### Discussion

We report a case of contact urticaria to olives. Although the prick testing result was weak, the definite history and improvement with avoidance of the urticant is consistent with this diagnosis. The patient handled the olives regularly when making pizzas, and it is possible that recurrent epi-

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Address:

Dr Jason D. L. Williams  
Occupational Dermatology Research  
and Education Centre  
Skin and Cancer Foundation  
PO Box 132  
Carlton South  
Melbourne  
VIC 3053  
Australia  
Tel: 61 3 9639 9633  
Fax: 61 3 9639 9644  
e-mail: jwilliams@occderm.asn.au