

Waitresses' itch?

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Key words: irritant contact dermatitis; fibreglass; serving tray; plastics; occupational; catering; waitresses. © Munksgaard, 1997.

Within a short period, we have seen 2 young women (19 and 22 years old) complaining of itch and slight redness of the volar forearms and wrists. On examination, only minimal redness was seen. They had both developed symptoms as soon as they started work in 2 different restaurants. When they were not working, their symptoms quickly disappeared. They thought that the rash might be connected with carrying serving trays on their bare forearms. The trays were ordinary plastic trays of the kind seen in practically every self-service restaurant.

Patch tests and contact urticarial investigations, with the European standard series, plastics and epoxies, cos-

metics and toiletries, were all negative. Both women were non-atopic. When examining the trays again, we realized that they were reinforced with fibreglass. The underside and edges of the trays are often slightly damaged. Examination under magnification of the surface and dust collected from the underside, showed numerous fibreglass particles.

Most probably, these fibreglass tray particles caused their skin problems, which have disappeared since both started working with a tea towel over their arms or wearing long-sleeved blouses.

Acute generalized exanthematous pustulosis induced by nifuroxazide

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Key words: acute generalized exanthematous pustulosis; drug reaction; nifuroxazide; positive patch test. © Munksgaard, 1997.

Nifuroxazide is an antibacterial (MW 275.2) used for treating diarrhoea (Ercéfuryl[®] in France, Diarret[®] in Italy, Pentofuryl[®] in Germany and Zurifal[®] in Spain), from which exanthems have rarely been reported (1).

Case Report

A 77-year-old man presented with a generalized pustular eruption with numerous confluent pustules. The axillary and inguinal folds were particularly involved and lesions were purpuric on the lower limbs. The rash had erupted acutely 24 h before, with generalized erythema and fever (40°C). The eruption had begun 24 h after taking paracetamol (Doliprane[®]), metopimazine (Vogalène[®]), a mixture of magnesium hydroxide and magnesium carbonate (Smecta[®]), and nifuroxazide (Ercéfuryl[®]) for diarrhoea. There was no personal or family history of psoriasis.

Bacteriological and mycological cultures of pustules remained sterile. There was hyperleukocytosis (21.1 G/l), with elevated polymorphonuclear cells (17.3 G/l). ESR was normal. Skin biopsy showed multilocular subcorneal pustules, marked oedema of the papillary dermis and

a perivascular infiltrate with numerous polymorphonuclear neutrophils in the dermis, without signs of leukocytoclastic vasculitis.

The patient was treated with topical bethamethasone 2× a day and nifuroxazide was stopped. The rash completely cleared in 10 days.

Patch testing with all suspected drugs 10% pet. and aq. was performed 15 days later. Nifuroxazide, both 10% pet. and aq., was slightly positive at 2 days and more positive at 4 days, with erythematous papules and some pustules. The histology of the patch test was very similar to that of the eruption. Oral challenge was not performed. 10 controls were tested with negative results.

Discussion

This is the 1st reported case of acute generalized exanthematous pustulosis (AGEP) occurring after nifuroxazide intake. Diagnosis of AGEP was established by the criteria of Roujeau et al. (2). In a large series of 63 cases (2), AGEP was found to be related mainly to drug intake (β -lactam antibiotics 28, macrolide 11, other drugs 16), and in 4 cases to viral gastrointestinal infections (2).

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