

Short Communications

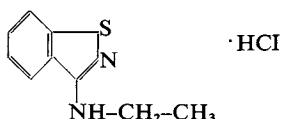
Contact allergy to 3-ethylamino-1,2-benzisothiazol-hydrochloride, a veterinary fungicide

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Antimycotic agents are biologically active substances, which relatively often give rise to iatrogenic contact allergy. Some antimycotics are used only in veterinary practice so that not only veterinarians but also keepers of animals can be affected as well.

A kennel owner with a relapsing vesicular hand dermatitis during the last few years was examined in connection with acute intensive flaring up. He treated dogs with antimycotic substances of different kinds, including 3-ethylamino-benzisothiazol-hydrochloride (Ectimar®), used only in veterinary medicine.



Patch testing with this substance (1 % in petrolatum) revealed a contact allergy to the drug. Thin-layer chromatography with two different developing solvents showed only one spot indicating that the drug was pure. The

reaction to the chemically related preservative, 1,2-benzisothiazolin-3-one (Bang Pedersen 1976) was negative.

There was, however, also a strongly positive reaction to buclosamide (Jadit®) powder. This substance was used instead of talcum in the patient's protective rubber gloves. Buclosamid is a well-known plain and photo sensitizer, but as far as we know contact allergy to 3-ethylamino-1,2-benzisothiazol-hydrochloride has not been described.

References

- Bang Pedersen, N. (1976) Occupational allergy from 1,2 benzisothiazolin-3-one and other preservatives in plastic emulsions. *Contact Dermatitis* 2, 340-342.
- Plempel, M. & Böshagen, H. (1968) Experimentelle Untersuchungen über eine neue fungizide Verbindung: Bay Va 5387 (3-ethylamino-1,2-benzisothiazol-hydrochloride). *Veterinär-Medizinische Nachrichten* 4, 275-288.

Allergic contact dermatitis to an epoxy hardener: dodecenyl-succinic anhydride

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A female laboratory technician prepared tissues for electron microscopy for several hours each week. The embedding material is composed of

epoxy resin monomer, propylene oxide, an accelerator and two hardeners, one of which is dodecenyl-succinic anhydride. The work is

done with tweezers and the hands are protected by PVC plastic gloves. Propylene oxide is said to dissolve the gloves and contamination of the gloves is common.

After 2 months she developed a bullous dermatitis on the fingers contaminated with the embedding material. Three other laboratory technicians doing the same work had no dermatitis.

A standard patch test including epoxy resin was negative. Patch tests with the accelerator, the other hardener and epoxy resin monomer in the embedding material were also negative.

Patch tests with dodecenyl-succinic anhydride 0.5 % and 1 % in acetone were strongly positive. Fifteen controls were negative.

Hypersensitivity to propolis

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Propolis (bee glue) has in the last few years been widely used as a folk medicine for many different ailments. In Denmark propolis has been marketed as tablets, powder and ointment. Propolis contains substances with known potentially allergic properties such as cinnamic acid and vanillin. Other ingredients are waxes, oils, pollen and balsams. A number of case reports have already demonstrated the sensitizing nature of propolis (Bunny 1968, Bärilin 1947, Umansky 1934).

In order to demonstrate allergic reactions to propolis in our patients, the commercial propolis ointment was incorporated into the standard patch test series at the Department of Dermatology, Marselisborg Hospital from November 1975. The most frequent positive findings in 295 patients with eczema during the first half of 1976 are shown in Table 1. Twenty patients with a positive reaction to propolis ointment were found. In two cases, it was not possible to decide if the positive reaction was due to propolis or to the vehicle which in-

cluded lanolin, because the patients had positive reactions both to the commercial propolis ointment and to lanolin and did not return for further testing. These two cases are therefore not included in the following series. Twelve of 18 patients with a positive reaction to propolis ointment had used propolis. Four patients stated that they were great consumers of honey or alcoholic extracts of honey. One patient, a forest worker, had coexisting allergy to balsam of Peru, colophony and wood tars.

In order to estimate the sensitizing property of commercial propolis, a guinea pig maximization test after the model of Magnusson & Kligman (1970) was carried out. Dinitrochlorobenzene was used as a control. Induction was performed by intradermal injections and topical application in the interscapular region. Concentrations of propolis used were 5 % in propylene glycol for injection and 50 % in alcohol for topical application. Elicitation tests were performed on the flank with non-toxic concentrations of propolis (25 % in alcohol). All readings were performed blind 24 days after induction. The results are shown in Table 3.

Table 1. Most common positive patch test findings ($\frac{1}{2}$ year)

Nickel	27 patients
Propolis ointment	20
Lanolin	19
Balsam of Peru	14
Colophony	11
Wood tars	11

Table 2. Coexisting allergy reactions in 18 patients with propolis allergy

Balsam of Peru	8 patients
Colophony	4
Wood tars	2