

Kava-induced urticaria

To the Editor: Kava is a relaxant beverage prepared from the pepper plant *Piper methysticum* and widely consumed in the Pacific. The apparently harmless reversible ichthyosiform dermatopathy of heavy kava drinkers has been well described.¹⁻³ More recently, the use of herbal preparations of kava in Europe and America has become of concern because of the possible association with hepatic damage.⁴⁻⁶ Although well recognized by regular kava drinkers in Vanuatu, an urticarial eruption produced in some persons after drinking kava has not yet been described in the literature to our knowledge. Described in this letter are two patients who experienced an urticarial reaction after the consumption of kava.

The first patient was a young man from the Solomon Islands who had not previously consumed kava. He drank kava one evening and on waking the next morning had an itchy urticarial rash, which dissipated in approximately 24 hours. A week later he again drank kava. Once again, the next morning he experienced marked urticaria; it was sufficiently distressing that he sought medical help. On examination his skin was generally and markedly flushed and edematous. In addition, he had raised, itchy wheals on his arms and back. The eruption took approximately 2 to 3 days to resolve.

The second patient was a ni-Vanuatu man who owned a kava bar. Incidentally his skin was noted to be flushed and edematous with some wheals on his arms. His eruption was itchy, but less so than that of the first patient. He stated that this skin reaction always developed after he consumed kava; because he often drank kava, he often had the rash. In both cases there was no history of other drug use or other potential aggravating agents.

Subsequent to identification of these two cases, discussion with members of the local community who are regular kava drinkers revealed that this is a well-recognized problem among selected people, with flushing and an urticarial rash developing after drinking kava. Apparently individuals who develop the rash after drinking will develop it on each subsequent occasion, as occurred in the two patients described herein. The clinical significance of this is unclear except to suggest that some persons may be allergic to kava lactones.

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Persistent microscopic primary melanoma in patients presenting with node-positive disease

To the Editor: Metastatic melanoma with an unknown primary lesion constitutes a small percentage of cases referred to tertiary referral clinics. In some of these cases, a presumptive primary lesion can be identified that had been previously diagnosed as a benign lesion. Although wide excision is the standard of care for the treatment of newly diagnosed primary cutaneous melanoma, it is unclear whether cases that have not undergone previous wide excision should be treated at a later date when pathology review indicates inadequate margins. The lack of clinical evidence of persistent disease may prompt some physicians not to recommend wide excision to spare the patient the morbidity of the procedure. We present two cases in which both patients presenting with stage III disease and no clinically apparent melanoma at the primary site actually had persistent microscopic disease.

The first patient was a 35-year-old woman who had a changing pigmented lesion on her right thigh. The lesion was ultimately seen by her dermatologist; biopsy yielded the diagnosis of "Spitz nevus, compound type." Six months later, the patient noticed a mass in her right groin approximately 2 cm in diameter. She ultimately sought medical attention and an excisional biopsy revealed metastatic melanoma. At the same time, the biopsy specimen from the thigh lesion was retrospectively reviewed and was believed to represent malignant melanoma, nodular type, thickness of 0.9 mm, Clark level IV, with focal ulceration and a moderate mitotic rate of 5/mm² (Fig 1). Findings of the remainder of the patient's clinical examination were unremarkable, including the site of the primary melanoma, and staging evaluation revealed no evidence of distant metastases. The patient underwent a wide local excision at the original site on her right thigh in addition to lymph node dissection. The remainder of