

Short Communication

Airborne contact dermatitis due to ethacridine lactate in a veterinary surgeon

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A veterinary surgeon was aged 50 years, with a family history of atopy. At the age of 26 years, he began his practice working mainly with large animals. Since the beginning of his professional practice, he had been using ethacridine lactate (Rivanolum®: Polfa) (1). Several times per week he used to prepare 2% solutions of this drug for application to the wounds of animals. At the age of 40 years, he cut himself accidentally rather deeply with a scalpel immersed in ethacridine during an operation on a horse

2 months later, he suffered extensive burns of both forearms and was advised to use compresses of 1% ethacridine solution. The next day, he noted periorbital and palpebral oedema and felt breathless. Within several hours, dyspnoea and palpebral oedema increased, and dermatitis developed on both forearms at the site of ethacridine compress application. After systemic corticosteroids and withdrawal from contact with ethacridine, these changes regressed.

Since that time, the patient observed that after contact with ethacridine in his normal work, such as solution preparation, dressing of animal wounds, etc., periorbital oedema of variable intensity developed, requiring, sometimes, administration of corticosteroids (2). After several such incidents, he stopped using ethacridine.

He was positive to ethacridine lactate 1% pet. and crystalline penicillin 300 000 IU/g on patch testing. He sometimes gave penicillin injections to animals, but never saw symptoms of any such sensitization on the hands.

References

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