

Everlasting Liquid Lipstick: Reminder to Patch Test Personal Products

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PRECÍS

Two patients with contact cheilitis demonstrated strong patch test reactions to a Kat Von D lipstick.

DISCUSSION

Patient A, a 27-year-old woman, presented with a several-month history of outbreaks of small blisters on the lips. She was unsure what initiated the rash but noted resolution of symptoms after discontinuing lip products. However, the eruption returned upon reintroduction of lipstick and Burt's Bees lip balm. Patient B, a 69-year-old woman, presented with a similar lip rash that began shortly after using Kat Von D Everlasting Liquid Lipstick. Before this, she wore lipstick and Carmex daily without issues. Prednisone and several topicals including clotrimazole, hydrocortisone, mupirocin, and tacrolimus failed to control outbreaks, but switching her makeup and lip products seemed to improve symptoms.

Because of concern for allergic contact cheilitis (ACC), both patients were patch tested to the North American Contact Dermatitis Group standard series in addition to our series for personal care products (including makeup), preservatives, emulsifiers, flavors, select food-related allergens, and their facial and lip-related personal products.

Both patients exhibited several positive reactions on their day 7 reading. Patient A had strong reactions (+++) to nickel and tea tree oil and a bullous reaction to Kat Von D Everlasting Liquid Lipstick in "Bachelorette"; mild (+) reactions to cobalt, cetrimonium chloride, yellow beeswax, synthetic wax, candelilla wax, abitol, Blistex lip balm, and Burt's Bees lip balm; and doubtful reactions to limonene and shellac. Patient B also had a strong (+++) bullous reaction to Kat Von D Everlasting Liquid Lipstick in "Miss Argentina" (Fig. 1); mild (+) reactions to fragrance mix I, balsam of Peru, linalool, and shellac; and doubtful reactions to iodopropynyl butylcarbamate, yellow beeswax, cetrimonium chloride, and carmine.

Kat Von D is a vegan cosmetic company that sells products free of carmine and beeswax.¹ Everlasting Liquid Lipstick has been sold for 4 years and is one of the company's best-selling product lines.²



Figure 1. Patch test on day 7 showing a strong positive (+++) reaction to Kat Von D Everlasting Liquid Lipstick in "Miss Argentina" color.

Company representatives denied known consumer reports of ACC from these lipsticks.

It is unclear which ingredient(s) in the lipsticks caused such profound reactions in our patients. Fragrance (specifically cinnamates) could be considered the common causative agent because both patients reacted to markers of fragrance allergy in addition to the Everlasting Liquid Lipstick and ACC most frequently occurs from fragrance.³ Of the other product ingredients (Fig. 2), tocopheryl acetate and iron oxides were available for testing, to which both patients tested negative. Company representatives were contacted for further information and refused to disclose the composition of the individual shades or to send individual ingredients for testing on our patients. There are no reports of allergic contact dermatitis from most ingredients in the lipstick that were not tested including isododecane, disteardimonium hectorite, hydrogenated styrene/isoprene copolymer, polyethylene, propylene carbonate, synthetic fluorphlogopite, and dicalcium phosphate; however, there are reports of ACC from Red

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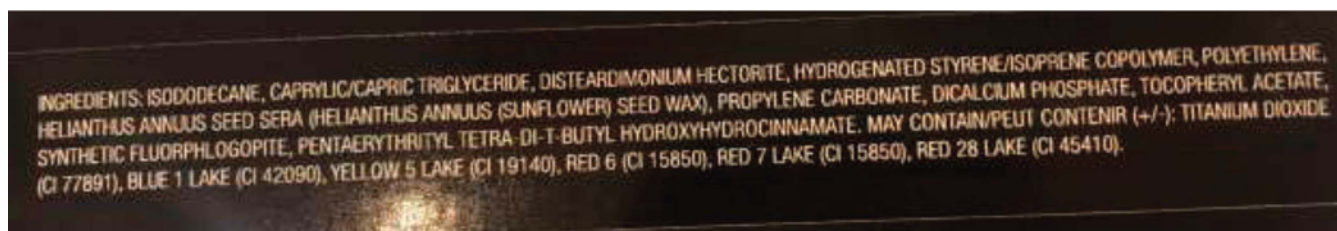


Figure 2. Ingredients in Kat Von D Everlasting Liquid Lipstick as listed on the product packaging.

Lake⁴ and allergic contact dermatitis from caprylic/capric triglyceride,⁵ which were not able to be tested.

Although it is possible that both patients reacted to an untested ingredient, the exuberance of the reactions to this lipstick was unexpected and reinforced the importance of testing personal products. Physicians should be aware of the potential for strong reactions to Kat Von D Everlasting Liquid Lipsticks and its association with contact cheilitis.

PEARL

Kat Von D Everlasting Liquid Lipsticks may cause strong contact reactions and ACC. These cases also highlight the importance of testing to personal products.

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Airborne Contact Dermatitis Caused by Essential Oils in a Child

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PRECÍS

We present a case of airborne contact dermatitis in a 7-year-old child caused by essential oils released through a fragrance diffuser.

DISCUSSION

A 7-year-old white boy presented to the pediatric dermatology clinic for evaluation of an exacerbation of atopic dermatitis. He had been

experiencing atopic dermatitis since infancy and had been treated with many topical immunomodulators and systemic cyclosporine with minimal improvement. His examination was notable for a generalized eczematous dermatitis with accentuation of the upper eyelids, neck, and extensor extremities. Because of the distribution of the eruption and his recalcitrant disease, a concomitant allergic contact dermatitis was suspected. After his acute flare was controlled with aggressive topical therapy, patch testing was performed using the North American 80 Comprehensive Series (Chemotechnique Diagnostics, Sweden). He was found to have a 3+ reaction to hydroperoxides of linalool. Results were discussed with the family. They denied applying any products with fragrance directly on the skin, but they reported the presence of essential oil diffusers throughout their home for many years. Discontinuation of the diffusers was recommended, and the family reported complete resolution within 3 weeks of removing of essential oil diffusers.

Airborne contact dermatitis (ABCD) is a type IV hypersensitivity reaction triggered by exposure to aerosolized particles. An important risk factor for the development of ABCD is a personal history of atopy. A high index of suspicion for concomitant contact dermatitis is important when evaluating children with resistant atopic dermatitis. Involvement of the periorbital skin, postauricular folds, neck, extensor forearms, and dorsal hands can be a helpful clue to the presence of ABCD. Perfumes and fragrances are known to be common culprits.¹ Because of the increasing popularity of essential oil diffusers, we report a case of diffuser-induced ABCD.

Nearly 80 essential oils have been implicated in the development of allergic contact dermatitis.² A retrospective study by the North American Contact Dermatitis Group and the central European Information Network of the Departments of Dermatology demonstrated that approximately 19% of patients had positive reactions to at least one fragrance mix or essential oil.³ The essential oils tested included Indian sandalwood, ylang-ylang, jasmine, peppermint, tea tree, and lavender. The findings of this study suggested that patch

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