

A case of recalcitrant face eczema

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Despite their increasing popularity, the evidence on the safety and efficacy of botanical extracts contained in cosmetics is limited (1).

Case Report

A 37-year-old woman with a history of mild atopic dermatitis involving her antecubital flexures and sporadically her face presented with face eczema of one year duration. Due to acne and solar brown spots, she had applied a retinoic acid containing cream for one year and she had slowly developed recalcitrant face eczema that was unsuccessfully treated with different moisturizing creams, corticosteroid creams and sunscreens. As her face eczema further worsened the patient was referred for patch testing.

Patch tests were performed with the Belgian baseline and extended series, as well as cosmetic, pharmaceutical, fragrance and corticosteroid series. Patch and photo-patch tests were also performed with the sunscreen series and personal face cosmetics. Readings were positive at day (D) 2 (+) and D3 (++) for thiomersal and for the "BB crème teintée Anthelios 50+" (La Roche Posay in patch and photo-patch tests. The reaction to the cream was not photo-aggravated and in fact identical in both UV-exposed and non-exposed sites. The reaction to the sunscreen was confirmed by a positive repeated open application test after 2 days of application. In a second session, patch and photo-patch tests were performed with the sunscreen ingredients kindly provided by La Roche Posay. Readings revealed a positive reaction to *Scutellaria baicalensis* root extract 0.2% aq/alc on D2 (+) and D3 (++) with no photoaggravation. This extract was subsequently patch tested in 10 controls and all readings were negative. We advised the patient to avoid this sun cream but also products containing *Scutellaria baicalensis*. The patient's face dermatitis did not recur.

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Discussion

Scutellaria baicalensis (SB) or Chinese skullcap is indigenous to several East Asian countries and Russia. Its dried root is used in Chinese traditional medicine for more than 2000 years. Two flavonoids, baicalin and baicalein, are the major bioactive compounds extracted from its roots. Anticancer, antiinflammatory and neuroprotective properties were described (2). Recent studies suggest that SB has an antiallergic effect and could be a candidate for the treatment of contact dermatitis (3). Baicalein seems to protect human skin cells against UVB induced oxidative stress (4). Until now, only one case of allergic contact dermatitis from SB extract has been reported (5). Unfortunately, the culprit allergen of the SB extract to which our patient reacted has not been identified. The presence of an impurity within the plant extract cannot be excluded either. Variations in the composition of the botanical extract may also complicate investigation.

In conclusion, because of its interesting properties, SB will probably be incorporated more frequently in cosmeceutical formulations in the future. Dermatologists should be aware of its allergic potential.

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