

Contact urticaria from kiwi fruit

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Key words: contact urticaria; kiwi fruit; chinese gooseberry; *Actinidia chinensis*; cheilitis; burning mouth.

Case Report

A 30-year old woman had a 6-month history of cheilitis accompanied by a burning feeling in the mouth. She had previously been treated with topical corticosteroids and antiseptic mouthwashes, which had produced only temporary benefit.

A careful history revealed that, some minutes after eating fruit, swelling of the lips appeared, accompanied by pruritus, swelling of the tongue, and a burning sensation in the mouth.

Open tests were performed on both intact and scratched skin, with the pulp of fruits usually eaten by the patient.

At the site of scratched skin on which the pulp of kiwi fruit (*Actinidia chinensis*; also known as chinese gooseberry) was applied, we observed a marked erythematous-oedematous reaction after 10 min. The kiwi fruit did not provoke any reaction on intact skin. All other fruits tested gave negative results on both intact and scratched skin.

Discussion

Contact urticaria can be caused by numerous substances, including fruits (particularly apples, cherries, peaches, plums, bananas and kiwi fruits (1)).

Only 2 previous cases of contact urticaria from kiwi fruit have been reported, to our knowledge (2, 3). This is rather surprising, considering the great popularity this fruit has achieved in Europe, particularly in Italy, from the time that it was first introduced onto the market. It is therefore quite possible that contact urticaria from kiwi fruit is more frequent than is thought, at least in Italy.

References

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Preliminary patch testing with 25% and 15% 'caine'-mixes

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Key words: patch testing; standard series; benzocaine; amethocaine; cinchocaine; 'caine'-mix; false positive reactions; absence of cross-sensitivity.

Currently, the European standard series contains benzocaine 5% pet. as a screening test for sensitivity to topical anaesthetics. There has been concern that this may not detect all those sensitive to topical anaesthetics, particularly in countries where cinchocaine, amethocaine and other topical anaesthetics are also widely used (1).

In our 1st study, 1475 patients were consecutively tested to a 25% pet. 'caine'-mix consisting of benzocaine 5%, procaine 2.5%, amethocaine 2.5%, prilocaine 2.5%, cinchocaine 2.5% and lignocaine 10%. 22 patients (1.5%) showed a positive allergic response, 11 of the 22 having been tested and found to be allergic to 1 or more of the individual com-

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