

‘Seborrhoeic dermatitis’ of the head and neck without scalp involvement – remember nail varnish allergy

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doi:10.1111/cod.12527

Key words: allergic contact dermatitis; case report; dermatitis, face; dermatitis, head and neck; dermatitis, seborrhoeic; nail varnish; tosylamide formaldehyde resin.

Allergic contact dermatitis can sometimes present with a seborrhoeic pattern or worsening seborrhoeic dermatitis, for example parthenium dermatitis (1). Here, we report a patient with nail varnish allergy who presented with a seborrhoeic dermatitis-like eruption.

Case Report

A 39-year-old woman presented with an itchy rash on her upper and lower eyelids, glabella, ala nasi, and retroauricular areas. Her scalp, hands and periungual regions were clear. The dermatitis had been present for the last 2–3 years since her child was born. There were no associated changes in the use of her personal care products or medication, and no new illness. Patch testing was performed with the baseline series, and with cosmetics and fragrance series (Trolab®), by the use of Finn Chambers® with 48 h of occlusion. This yielded a ++ positive reaction to tosylamide formaldehyde resin 10% pet. on day (D)2 and D5. Tosylamide formaldehyde resin was an ingredient of the patient's nail varnish. She had been wearing nail varnish constantly at the time when she experienced facial dermatitis. She coated over or removed the nail varnish every 2 days. Avoidance of

tosylamide formaldehyde resin led to resolution of her dermatitis.

Discussion

Seborrhoeic dermatitis is a common skin disease. Several other diseases, such as pustular psoriasis (2), cutaneous lymphoma (3), tinea faciei (4), lung cancer (5) and human immunodeficiency virus infection (6, 7), can present with exacerbation of, or with lesions mimicking, seborrhoeic dermatitis. In addition, many drugs can cause an inflammatory rash with a seborrhoeic distribution, including cimetidine (8), isotretinoin (9), erlotinib (10), sunitinib (11), and interleukin-2 (12). It is known that the commonest sites of a nail varnish allergic rash are the eyelids, chin, cheeks, lower half of the face, anterior/lateral sides of the neck, and upper chest (13–15). However, a case initially misdiagnosed as seborrhoeic dermatitis has been reported in which hand involvement was an important clue (13). Our case shows that, in a patient with lesions resembling seborrhoeic dermatitis but without scalp involvement, allergic contact dermatitis caused by nail varnish resin is an important differential diagnosis.

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Conflicts of interest: The authors declare no conflict of interests.

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