

Epidermolysis bullosa simplex complicated by allergic contact dermatitis caused by a hydrocolloid dressing

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doi:10.1111/cod.12672

Key words: allergic contact dermatitis; carboxymethylcellulose; case report; cellulose gum; epidermolysis bullosa.

Epidermolysis bullosa (EB) simplex is a hereditary skin fragility disorder characterized by skin blistering after minor injury or friction, with periods of disease exacerbation. The chronic blisters and wounds in EB patients are treated with different types of non-adhesive wound dressings. Despite the continuous exposure to different dressing types, topical antiseptics, antibiotics, and emollients, only 2 cases of contact dermatitis involving EB patients have been reported in the literature (1, 2), both caused by doxepin cream used for pruritus.

Case Report

A 10-year-old boy with autosomal recessive EB simplex with generalized blistering developed widespread itching dermatitis, followed by severe exacerbation of blistering, some 72 h after application of the hydrocolloid dressing Urgotül® (URGO, Sulzbach, Germany) and other wound-healing agents used to treat his blisters. The rash resolved some days after use of the dressings had been discontinued. The patient and his family were uncertain whether the dressing was responsible for the increased itching and subsequent blistering, and also unsure about which dressings to use in the future.

A patch test, initially with only Urgotül®, was applied to the patient's back, which was unaffected at presentation. Full patch testing with a baseline and possibly other series was not considered to be feasible, because of the patient's fragile skin. Moreover, adhesive dressings could not be used, for the same reason, and Urgotül® was held in place with Mepilex transfer® (Mölnlycke Health Care, Düsseldorf, Germany). This silicone dressing adheres quite well,



Fig. 1. Itching dermatitis on the day 3 reading of a patch test with Urgotül®, resulting in exacerbation of skin blistering.



Fig. 2. A positive skin reaction to carboxymethylcellulose 10% aq. was already evident on day 2.

but can also be easily removed from the skin without causing blistering. On day (D) 2, a pruritic erythematous patch was present in the test area; on D3, the reaction had increased in intensity, with the additional development of vesicles (Fig. 1). A supplementary patch test with cellulose gum (INCI; syn. carboxymethylcellulose) 10% aq. showed, on D2, evidence of sensitization (+ to ++ morphology) of the unaffected back (Fig. 2), which became more evident on D3.

Discussion

Hydrocolloid dressings have been used extensively in recent years for the treatment of wounds. Although they are generally well tolerated, some cases of allergic contact dermatitis have been reported in the literature, especially in patients with chronic leg ulcers (3). To our knowledge,

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

this is the first reported case of contact dermatitis caused by Urgotül®, but several cases of sensitization to carboxymethylcellulose have been reported (4). In this case, the underlying skin fragility disorder hampered the diagnosis, not only by masking the clinical presentation of the contact dermatitis, but also by making patch testing more complicated and limiting its scope.

Acknowledgements

We thank the patient and his family. This work is supported by funding of the German Research Council (DFG KI1795/1-1) to DK.

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