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Irritant contact dermatitis induced by a mustard compress

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Key words: mustard seeds; mustard compress; irritant contact dermatitis; temporary sensitization; medicaments; systemic contact dermatitis; oral provocation.

Several cases of immediate (1, 2) and delayed (1, 3, 4) type allergy to mustard have been reported. We describe a case of irritant contact dermatitis with temporary sensitization to mustard. Since long ago, mustard has been used for treating rheumatic pains of the bones, joints and nerves, or respiratory tract infections.

Case Report

A 34-year-old woman applied a self-made hot com-

press of crushed mustard seeds to the whole of her back because of lumbar pain. 10 min later, she started to feel a burning sensation. After another 10 min, she removed the compress. The skin was erythematous and she felt severe burning. She applied an anti-inflammatory lotion and the skin started to heal slowly over the next few days. 5 days later, she ate a German sausage with mustard, which led to a severe exacerbation, with the development of bullae.



Fig. 1. Flare up of contact dermatitis on the back after oral ingestion of mustard.

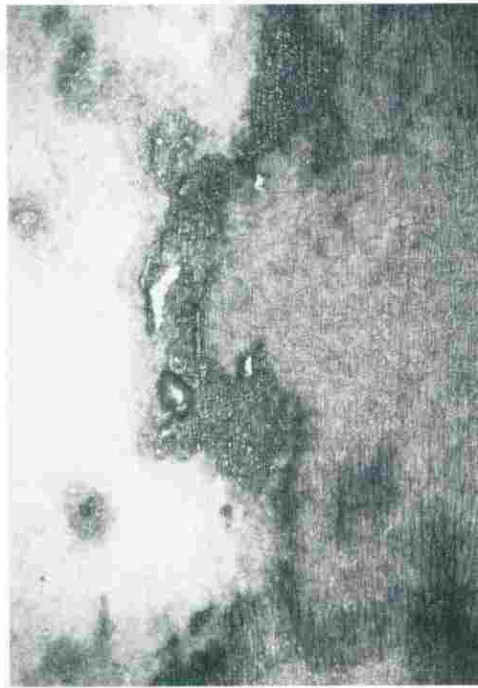


Fig. 2. Close-up showing an erythematous infiltrated margin with aberrant vesicular lesions at the periphery.

At presentation, we found on her back a well-demarcated large erythematous area with infiltrated margins (Fig. 1). This area corresponded to the application site of the mustard plaster. Additionally, there were several erythematous patches and erythema-multiforme-like eruptions with central vesiculation (Fig. 2), located at the periphery of the erythematous area, in the axillary region, on the chest and on the buttocks. In the latter regions, there had been no previous external mustard contact.

The patient was treated with systemic prednisone and the skin manifestations resolved rapidly, leaving faint post-inflammatory hyperpigmentation.

1 month later, she was extensively allergy tested. Patch tests were performed with allylisothiocyanate, the principal ingredient of mustard oil, 0.001% to 1% eth., mustard seeds 1:100 to 1:1 o.o. and different commercially available mustard preparations 1:100 and 1:10 o.o. and aq. Prick tests were also performed with mustard seeds and the mustard preparations. No allergic reaction was detected to any of the substances tested. A clearly demarcated irritant reaction with superficial necrosis was seen with allylisothiocyanate at 5%.

After 4 months, she tolerated the oral ingestion of mustard without any adverse effects.

Comment

This case demonstrates the potential toxic effects of

so-called "biologic treatments", which have become very popular in Germany. The interpretation of the course of the symptoms and of the skin tests points to an initially severe irritant reaction due to the hot crushed mustard seeds. This was apparently followed by a temporary sensitization, which led to a systemic contact dermatitis after oral ingestion of mustard. This sensitization resolved rapidly, leading to negative results on patch tests with various mustard preparations, including the main allergen allylisothiocyanate. The decline of sensitization was confirmed by a negative oral challenge with mustard 4 months after the triggering event.

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Occupational contact dermatitis from penicillin

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Key words: penicillin; nurse; occupational; allergic contact dermatitis; immediate sensitivity.

Contact dermatitis from penicillin after topical administration is rare nowadays. Penicillin is one of the main allergens responsible for occupational contact dermatitis in health care workers.

Case Report

A 48-year-old female nurse, with personal and family atopic histories, had had an episode of angioneurotic oedema and urticaria 2 years ago, after treatment with penicillin for acute tonsillitis.

She recently developed erythema and intense swelling of the face, with severe pruritus. While giving an injection of benzyl penicillin, the solution spurted onto her face, pruritus and swelling starting

some hours later. The lesions disappeared completely after oral corticosteroids.

Patch tests were negative to the Portuguese Contact Group standard series, a cosmetics series, ampicillin 5% pet. and amoxacillin 5% pet. All tests with penicillin were performed by the physician with all the recommended measures for at least 30 min following application. Anaphylactic reactions may occur when testing urticariogenic substances such as penicillin. An open test was therefore made, before any further studies, with 1 drop of penicillin G solution on the anterior aspect of the forearm, and was negative. Then a prick test was performed the next day and the result was doubtful at 30 min but positive at 24 h.

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