

AIDS) and the introduction in recent years of vinyl gloves with low latex contents for laboratory use, together with favourable changes in the type of powdering, may have contributed to a lower prevalence of sensitisation in our country.

Finally, we believe that the scheduled visits of the workers to the Occupational Medicine units may be taken advantage of for carrying out a simple and highly cost-efficient screening procedure, namely the assay of specific IgE.

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Allergic contact dermatitis due to prednicarbate

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Prednicarbate is a new glucocorticosteroid for topical use. It has the same chemical structure as prednisolone, with two side chains added: one at C-17 (ethyl-carbamate) and the other at C-21 (propionate ester). The introduction of these two lipophyllic component groups facilitates and increases the passage of prednicarbate through the skin barrier.

Prednicarbate is an unstable molecule which is metabolised on contact with the skin, rapidly releasing the C-21 side chain and undergoing partial hydrolysis at C-17, for which reason it has but few side effects.

CASE REPORT

The patient was a 24-year-old woman with no previous history of contact dermatitis. After her first axillary hot wax depilation she developed erythematous papules in the right axilla, which she treated with Peitel® cream (prednicarbate). After three days of this treatment she developed vesicular lesions with oedema, erythema and intense pruritus not only in the right armpit but also in the left one and in the periaxillary area. She thereupon changed the topical treatment from Peitel® to Clotrasone® (betametasone dipropionate and clotrimazole), with improvement after three days and resolution of the clinical picture in one month. The patient was referred for study to our outpatient clinic.

The standard European panel of epicutaneous tests was administered, with negative results after both 48 and 96 hours. The epicutaneous test with Peitel® was positive (+++) after 96 hours. The epicutaneous tests with a corticosteroid panel were positive (+++) after 96 hours for prednicarbate and budesonide, the remainder being negati-

ve (Table I). The epicutaneous tests with vehicles of Peitel® cream were positive (+++) after 96 hours for prednicarbate (Table II).

DISCUSSION

Contact dermatitis caused by topical corticoids was first reported by Burkhard in 1959 with hydrocortisone. The frequency of this sensitization has increased since the 80s, and it is at present the seventh most frequent cause of contact allergy.

The diagnosis of contact sensitization to corticoids is established with the help of epicutaneous tests. It must be borne in mind that the 48-hour reading may be negative because of the vasoconstricting and antiinflammatory effects of these substances, so that readings after 96 hours and even after 7 days are mandatory, as in the case of the patient reported here.

Furthermore, it is also mandatory to rule out the involvement of the vehicles associated to the active substance as they may be contact sensitizers by themselves, as is the case with benzyl alcohol or EDTA.

Contact corticoid dermatitis may cause acute clinical manifestations such as the acute eczema developed by our patient, but this diagnosis is generally suspected when a case of chronic dermatitis does not improve or even worsens in spite of treatment with these substances. Prednicarbate belongs to group D of the Coopman classification¹.

Cross reactivity may appear between substances within each group. In addition, this is quite frequently the case between group B (triamcinolone

Table II. Epicutaneous tests with vehicles from Peitel® cream (vehicle: vaseline)

Substance		48 hours	96 hours
Lanette 18 wax	(undiluted)	—	—
Lanette 16 wax	(undiluted)	—	—
Benzyl alcohol	(1%)	—	—
EDTA	(1%)	—	—
Eutanol G	(0.5%)	—	—
Lorol C 14	(1%)	—	—
Tween 60	(5%)	—	—
Span 60	(5%)	—	—
Light liquid paraffin	(undiluted)	—	—
Prednicarbate	(10% in vaseline)	—	+++
Prednicarbate	(undiluted)	—	+++

ne acetone) and group D (hydrocortisone 17-butyrate), budesonide being a good marker of contact allergy in both groups. This was also the case with our patient, who had never used budesonide previously.

Three cases of allergic contact dermatitis caused by prednicarbate have been reported in Germany^{2,3}, all of them in aged women with chronic dermatitis and even with ulcerated lesions in the lower limbs after frequent and protracted use of corticoids. The case reported here is a young woman with no previous skin lesions who had used Peitel® for only three days.

When corticoid contact dermatitis is diagnosed, a corticoid from a group different from that having caused the sensitization should be prescribed as an alternative. The classical fluorinated corticoids are the best-tolerated ones⁴.

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Table I. Epicutaneous tests with a corticoid panel. The vehicle was vaseline

Substance	48 hours	96 hours
Budesonide (1%)	—	+++
Betametasone (5%)	—	—
Hydrocortisone (10%)	—	—
Fluocortin (0.75%)	—	—
Triflucortolone (0.1%)	—	—
Methylprednisolone (0.1%)	—	—
Prednicarbate	—	+++