

Ectopic contact dermatitis from henna

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Leaves and stems of the henna plant (*Lawsonia intermis*) are used worldwide as a red-brown hair dye and sometimes applied on nails or skin by women. It has also been used as an antifungal agent (1). The active ingredient, which is presumed also the main but not the only allergen, is lawsone, a naphthoquinone (2-hydroxy-1,4-naphthoquinone), associated with fats, resin and henna tannin in the leaf (2). In hair dyes, henna is used alone or associated with other colouring agents, such as parphenylenediamine (PPD).

Case Report

A 33-year-old woman had had recurrent, itchy, erythematous papules and papulovesicles on the eyelids, cheeks and forehead for 4 years, which kept recurring even after she stopped using all her cosmetics and skin-

care products. She used to apply henna on her nails (Fig. 1).

Patch tests were performed with the European standard series, a preservatives series and her own skin care products, including the henna used to dye her nails (2% aq.). Readings were done after 2 and 4 days. The patient showed ++ reactions to nickel and henna. The lesions disappeared after mild treatment and discontinuation of henna.

Discussion

Immediate reactions, such as urticaria, angioedema and asthma, have been described in relation to henna (2, 3). However, in spite of extensive use over many years, reports of contact dermatitis have been rare (4–7). Our case is unusual because of its presentation as an ectopic contact dermatitis, not affecting the nails or paronychia areas, but the eyelids, cheeks and forehead, as occurs in nail varnish dermatitis.

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Fig. 1. Henna used to dye nails.

Cement burns in 2 football players

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Skin injury from contact with cement may take place through 3 different mechanisms: contact sensitization to chromate and cobalt; mechanical friction from the rough surface of dry cement powder; chemical irritation due to

the lime component (free calcium oxide and hydroxide) (1). Moreover, cases have been sporadically reported of injuries related to lime dust per se (2, 3).

Case Reports

Two young women, aged 17 and 18 years, respectively, presented with mixed, erythematous-oedematous, blistering and crusted patches, involving symmetrically the upper parts of the internal aspects of their thighs. Severe burning pain, with great difficulty in ambulation, was the main associated symptom. History taking disclosed that the condition had started 2 days before, in the course of an amateur football match played on a field that had been marked with cement powder. The patients (both playing as wings) had tumbled repeatedly and their shorts had become soaked in the mud and powder made slimy by rain. At the end of the match, they felt a burning sensation on the internal aspects of their upper thighs. The symptoms worsened after taking a hot shower, with bright redness of the affected areas and blistering over the following hours. No fellow players developed similar complaints. Patch tests with the GIRDCA standard series and swabs taken from lesional skin were all negative. A 14-day course of oral ampicillin and antiseptic dressings led to complete healing with only minor scars.

Comment

So-called cement burns are a well-established, severe form of irritant contact dermatitis, due to the high alkali-

linity developed by dissolution in water of the lime component (free calcium oxide and hydroxide). No specimens of the implicated material were available for identification. However, we believe that the clinical features and course of the cases presented are consistent enough with the diagnosis (2-7), and parallel those of the cases recently reported by Gelmetti & Cecca (3) in 2 other football players, in whom the condition developed after contact with 'quicklime'.

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Contact urticaria from sunflower seeds

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Key words: contact urticaria; allergy; sunflower seeds; plants. © Munksgaard, 1997.

Sunflower (*Helianthus annuus*) is a member of the Compositae family, cultivated all over the world and frequently consumed, toasted sunflower seeds or sunflower oil commonly being used as a snack or condiment.

Case Report

A 23-year-old man, with a history of rhinoconjunctivitis and asthma, and hypersensitivity to grass mix, *Olea europaea* and *Chenopodium album* pollens, showed contact urticaria from peeled sunflower seeds. Symptoms appeared 15 min after contact and included itching, erythema, and wheal-and-flare reactions. He usually tolerated the ingestion of sunflower seeds, though he occasionally had pruritus of the oral mucosa and mild obstruction of the pharynx after eating enough of them. He tolerated both contact with and ingestion of sunflower oil.

Total serum IgE was 456 IU/ml (Pharmacia Immuno-

Cap System, Uppsala, Sweden). A closed patch test with peeled sunflower seed on previously normal skin provoked local urticaria after 30 min. An open patch test showed only local erythema. A prick-by-prick test with sunflower seeds gave a strong reaction, with a large itchy wheal (5 mm diameter), within 15 min. Specific IgE to sunflower was 11.0 (Pharmacia CAP System, Uppsala, Sweden). Prick-by-prick tests on 5 healthy volunteers and 10 atopic patients without a history of sunflower hypersensitivity were negative.

Comment

The clinical features of this patient are compatible with the diagnosis of allergic contact urticaria syndrome. Although there are previous references to systemic reactions to the ingestion of sunflower seeds, this appears to be the 1st report of contact urticaria due to them. Our patient tolerated sunflower oil, like other sunflower-sensitive patients.

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