

Contact allergy to clotrimazole: an unusual allergen

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Key words: allergic contact dermatitis; clotrimazole; antifungals; medicaments. © Munksgaard, 1999.

Case Report

A 71-year-old woman had a long history of seborrhoeic dermatitis affecting the scalp, face, flexures, and the vulva. She had used a wide variety of antifungal creams, corticosteroid creams and haemorrhoidal preparations over many years. She developed a severe exacerbation of her vulval dermatitis after 6 weeks application of Canesten[®] cream.

She was patch tested to the European standard series, an anogenital series, a hand and face series, and Canesten[®] cream 1%. Positive results were observed for neomycin 20% pet. (D2-/D4+), cinchocaine 2.5% pet. (D2-/D4++), tixocortol pivalate 1% pet. (D2++/D4++), hydrocortisone 2% alc. (D2-/D4+) and Canesten cream as is (D2++/D4+).

She was subsequently tested with all the individual ingredients of Canesten[®] 1% cream (sorbitan monostearate 5% aq., polysorbate 60 5% aq., cetearyl alcohol 20% pet., octyldodecanol 30% pet., benzyl alcohol 5% pet., and clotrimazole 1% pet.). A positive result for clotrimazole 1% pet. was observed alone (D2+/D4-), confirming clotrimazole to be responsible for the reaction to Canesten[®] cream.

Comment

Clotrimazole is an imidazole antifungal agent (1) that is able to penetrate the skin but is poorly absorbed into the systemic circulation. It is widely used in treatments for vaginal candidiasis and in several combined corticosteroid/antifungal preparations. Contact dermatitis from clotrimazole has been reported, but surprisingly infrequently (2-6).

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Prevalence of natural rubber latex allergy in hairdressers

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Hand eczema is common among hairdressers (1, 2) and Van der Walle & Brunsveld (3) found natural rubber latex (NRL) to be a common cause.

Materials and Methods

The details of the study design have been reported earlier (4). Of a random sample of 500 hairdressers, 355 were available for a computer-aided telephone interview. 189 hairdressers reported work-related skin or respiratory symptoms, and 130 came for an occupational medical interview. On the basis of the interview, 109 met the criteria for suspected occupational skin or respiratory disease.

Prick testing was performed in 107 hairdressers. 3 NRL prick test substances were used: 2 made ourselves

from a household glove or a disposable latex examination glove, according to the recommendations of Turjanmaa (5); and 1 commercial prick test substance from Allergologisk Laboratorium (ALK, Copenhagen; NRL 1:100).

Results

313 hairdressers answered the question, "Do you use NRL gloves at work": 255 (81%) did not use NRL gloves at all; 20 (6.4%) used NRL gloves daily; 23 (7.3%) only 1× a week, and 15 (4.8%) less often than 1× a week.

3 hairdressers had an allergic prick test reaction to NRL. The ALK preparation was positive in all 3 patients, the household glove in 2 and the latex glove in 1.