

LETTERS TO THE EDITOR

Contact allergy to chlorphenesin

Editor

A 54-year-old woman, working as a day carer, presented with a 3-month history of hand eczema upon referral to the Department of Dermato-allergology, Gentofte Hospital.

She had a history of atopic dermatitis in childhood and previous hand eczema and contact allergy to nickel. Physical examination revealed bilateral palmar erythema, hyperkeratosis, scaling and hyperlinearity.

Patch tests were undertaken with the European Patch Tests Baseline Series, essential oils and the patient's own products in Finn Chambers (Epitest Ltd, Oy, Finland) applied on the upper back with Scanpor Tape (Norgesplaster A/S Alpharma, Vennesla, Norway) for 2 days. Readings were done on day 2, day 3 and day 7. The results were graded according to the criteria of the International Contact Dermatitis Research Group. Positive reactions were found to Aderma Exomega Face and Body Cream (++) and Locobase (+). An open application test applied on the volar side of the antebrachium twice a day for 7 days with A-derma Exomega Face and Body Cream resulted in erythema on day 2, and the clinical examination at day 7 revealed an eczematous local reaction where the cream had been applied. The patient was further patch tested with the components of Aderma Exomega Face and Body Cream provided by Centre de Recherche Pierre Fabre Dermo-Cosmetique and there was a positive reaction to chlorphenesin (1% pet., ++) and a doubtful reaction to myristyle myristate. The positive reaction to chlorphenesin was regarded as clinical relevant for the patient's hand eczema.

Discussion

Only few cases of allergic contact sensitivity to chlorphenesin have previously been described in relation to cosmetic products in foundation, deodorant and moisturizing cream.^{1–3} Chlorphenesin (CAS No. 104-29-0) is a non-irritant preservative with biocidal properties used in cosmetic products. It is also used in topical treatments for cutaneous dermatophyte infections.⁴ Chlorphenesin is reported to have bactericidal activity against Gram (+) and Gram (–) bacteria and fungicidal activity against *Aspergillus niger* and *Candida albicans*.⁵ According to the Voluntary Cosmetic Registration Program, chlorphenesin is used in more than 1300 cosmetic products and should be considered safe.⁵ Although chlorphenesin up to now seems to be an unusual sensitizer, it is important to consider it as a possible allergen, as it is now an ingredient in moisturizers that are used in the

basic treatment and skin care of eczema patients as illustrated by our case.

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Prevalence of human polyomavirus DNA in eyebrow hairs plucked from patients with psoriasis treated with TNF inhibitors

Editor

In a recent study,¹ we demonstrated that anti-TNF- α has no impact on the prevalence of human papillomavirus DNA in eyebrow hairs from psoriasis patients. Herein, we wished to assess the prevalence of polyomavirus (PyV) DNA in eyebrow hairs from psoriasis patients during treatment with TNF- α inhibitors (TNFi). Progressive multifocal leukoencephalopathy (PML) onset, caused by JC PyV in patients treated with biological treatment, raised indeed concerns about the safety profile of these agents.²