

Occupational contact dermatitis in an aromatherapist

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Key words: occupational; allergic contact dermatitis; aromatherapist; essential oils; fragrance mix; lemon grass oil; lavender absolute; cananga oil; Bulgarian rose oil; ylang ylang; patchouli; clary-sage. © Munksgaard, 1997.

Aromatherapy is the systemic or topical application of essential oils to "maintain and promote physical, psychological and spiritual well being" (1, 2). Allergic contact dermatitis from essential oils is well-described (3), and 2 cases have been reported in aromatherapists (4, 5). A 3rd case was that of a 53-year-old man who had been treating himself with aroma lamps (1).

Case Report

A 32-year-old woman, who had worked as a holistic beauty therapist for 12 years, presented with a 9-month history of patchy eczema on her hands (Fig. 1) and body. This improved when she had time off work. Her job involved performing aromatherapy massages and facials with essential oils and she found that the rash interfered with her work. Her hobbies included gardening, for which she always wore gloves. She had been treated with a variety of topical corticosteroids and emollients.

She was patch tested to the European standard, preservative, perfumes, flavours, vehicle, emulsifier, cosmetic, facial and medicament series. Following these initial results, she was further tested to a plant series and to 30 of her own essential oils and beauty products. Her 19 essential oils were diluted to 1% in pet. The results are summarised in Table 1. The reactions to nickel and butylphenol-formaldehyde resin were not considered relevant to her hand dermatitis. The facial lotion contained hazel nut oil, beeswax, avocado oil, carnuba, basil oil, tonka bean absolute, bitter orange oil and chamomile oil. The pedicure foot lotion contained the essential oils of peppermint, black pepper, juniper, eucalyptus and rosemary.

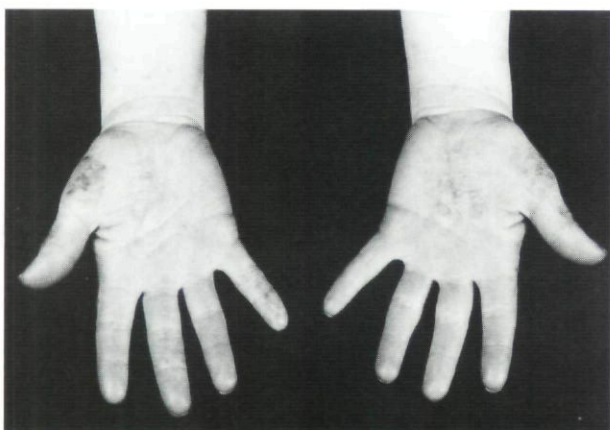


Fig. 1. The aromatherapist's hands, showing patchy dermatitis of the palms.

Table 1. Allergic patch test reactions in an aromatherapist

Series tested	Positive reaction at both 2 and 4 days	
standard	nickel sulfate	5% pet.
	paratertiary butylphenol-formaldehyde resin	1% pet.
	fragrance mix	8% pet.
perfume, flavour	lemon grass oil	2% pet.
	lavender absolute*	2% pet.
	cananga oil*	2% pet.
	rose oil, Bulgarian	2% pet.
	ylang ylang*	2% pet.
own essential oils	patchouli	1% pet.
	clary-sage*	1% pet.
	ylang ylang*	1% pet.
own beauty products	pedicure foot lotion	as is
	facial lotion*	as is

*Contain linolool >20%.

Discussion

All the positive reactions to essential oils were thought to be relevant in this patient's case, as she was exposed to them in her work. Linolool, a monoterpinol, has previously been suggested as the sensitizing component of the essential oils (1). Basil (in the facial lotion), ylang ylang, cananga, clary-sage and lavender all contain relatively high concentrations of linolool (6). However neroli, bergamot and petitgrain, which also contain high concentrations of linolool, were negative on patch testing. The patchouli oil to which she reacted contains no linolool, but Bulgarian rose oil contains it at 1.5–2.7%. No other compound common to all these oils could be found.

Only 1 of the commonly available aromatherapy textbooks mentions the possibility of contact dermatitis secondary to treatment (6). Ylang ylang (*Cananga odorata*) is recorded as a sensitizer and cananga oil comes from a closely-related plant, *Cananga genuina*. Bulgarian rose oil is known to be a potential allergen and is in standard perfume series, even though the aromatherapy literature recommends it for "allergy-prone skin" (7). Lavender absolute was 1 of the oils causing contact dermatitis in the patient who had used aroma lamps (1).

Patch testing with a perfume series and with the patient's own products is essential, when aromatherapy is suspected as a source of allergic contact dermatitis.

References

- Shaller M, Kortling H C. Allergic airborne contact dermatitis from essential oils used in aromatherapy. *Contact Dermatitis* 1995; 20: 143–145.

2. Mojay G. *Aromatherapy for healing the spirit*. London: Gaia Books Ltd, 1996: 9–10.
3. Rudzki E, Grzywa Z, Bruo W S. Sensitivity to 35 essential oils. *Contact Dermatitis* 1976; 2: 196–200.
4. Bidsland D, Strong A. Allergic contact dermatitis from the essential oil of French marigold (*Tagetes patula*) in an aromatherapist. *Contact Dermatitis* 1990; 23: 55–56.
5. Selvaag E, Holm J, Thune P. Allergic contact dermatitis in an aromatherapist with multiple sensitizations to essential oils. *Contact Dermatitis* 1995; 33: 354–355.
6. Price S, Price L. *Aromatherapy for health professionals*. Edinburgh: Churchill Livingstone, 1995: 49: 241–270, 273.
7. Price S. *Practical aromatherapy*. 3rd edition. London: Thorson's, 1994: 178.

Allergic contact dermatitis from amorolfine cream

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Key words: contact allergy; antimycotics; amorolfine; medicaments. © Munksgaard, 1997.

Case Report

a 29-year-old woman, who had used a topical corticosteroid for 10 days, presented with pustules and erosions of the right leg. She then started using an antimycotic preparation, amorolfine (0.5%) cream (Pekiron[®] cream, Kyorin Pharmaceut. Inc., Tokyo, Japan), for candidiasis. After 5 weeks of use, she had developed pruritic erythema and papules in the same region. The diagnosis was made of contact dermatitis from amorolfine-containing cream. The patient had a positive reaction to a patch test with Pekiron[®] cream.

Additional patch tests were carried out with amorolfine, the active ingredient, and the other ingredients of Pekiron[®] cream. The patient showed positive reactions to amorolfine, at 0.25% and 0.5% pet. She had no reactions to the other ingredients of Pekiron[®] cream. Amor-

olfine (0.5% pet.) was patch tested in 30 more patients with other skin diseases, as controls, but none had a positive reaction.

Discussion

Kramer et al. (1) reported the 1st case of contact allergy to amorolfine (Loceryl[®]) in 1996. Pekiron[®] cream has been in use in Japan since 1994. Our case is the 2nd report of allergic contact dermatitis from amorolfine, and the first recorded in Japan.

References

1. Kramer K, Paul E. Contact dermatitis from amorolfine-containing cream and nail lacquer. *Contact Dermatitis* 1996; 34: 145.

Aluminium contact sensitivity

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Key words: aluminium; aluminium sulfate; aluminium chloride; patch testing technique. © Munksgaard, 1997.

Case Report

A 23-year-old man presented in May 1990 with dermatitis of the face following application of a cream for acne and hyperpigmentation. He was patch tested with various allergens without using chambers, though not with the

cream that he had used. There were positive reactions to nitrofurazone 1% in plastibase (plast.), propyl paraben 5% plast., cetrimide 0.5% aq. and polyethylene glycols 400 and 1500 as is.

In March 1997, he presented again, this time with balanoposthitis. His blood glucose was normal. Empir-

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