

Short Communication

Erythema-multiforme-like lesions from triamcinolone acetonide

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Triamcinolone acetonide is a class B corticosteroid of Coopman et al. (1), characterized by a C16, C17-cis ket-al or diol structure. To the best of our knowledge, only 3 cases of contact allergy to it have been reported (2, 3).

Case Report

A 70-year-old man presented with acute dermatitis over his right knee, with lesions spreading to the lower limbs and abdomen; the clinical picture was characterized by itchy erythematous edematous lesions, which were erythema-multiforme-like. He had been treated with an intra-articular injection of triamcinolone acetonide into the knee, because of arthrosis, 3 days before; during the 12–24 h after injection, pruritus and erythema had developed at the same site. For this, the patient had been prescribed topical budesonide by his general practitioner; over the next few hours after its application, the acute eczema had developed. A traumatologist had injected the same knee with triamcinolone acetonide 3× over the previous 3 months without any such reaction. He had never had any other systemic and/or topical corticosteroids in the past. The lesions slowly cleared with 3% boric acid solution dressings, emollients and an oral antihistamine. No relapse of the dermatitis was observed during 8 months of follow-up. There was no family or personal history of atopy or dermatitis; he had no previous history of adverse drug reactions.

A month later, after complete resolution of the lesions, patch tests were performed with Leukotest, and readings made at D2 and D4. He was patch tested with the GIRDCA standard series and with a corticosteroid series including hydrocortisone-21-acetate, budesonide,

desoxymethasone, hydrocortisone-17-butyrate, methylprednisolone, triamcinolone acetonide, betamethasone-17-valerate, fluorocortisone, fluocinolone acetonide, flucortolone caproate, difluocortolone pivalate and fluorometholone. There were positive reactions to triamcinolone acetonide 1% pet. and budesonide 1% pet. Concomitantly, 10 out-patients with occupational contact dermatitis were patch tested with the same material, but gave negative results.

Comment

Topical corticosteroids contact sensitize (4) and different frequencies are probably largely due to differences in patient selection. However, contact allergy to triamcinolone acetonide is rare. In our patient, we deduced that it developed after intra-articular use of the drug, and the positive reaction to budesonide could be explained as cross-sensitivity between 2 members of the same group (1).

References

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