

Short Communication

Occupational allergic contact urticaria from amoxicillin

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Case Report

A 40-year-old man, who had been a nurse for 15 years, gave a recent history of a pruritic erythematous facial eruption which occurred on entering the drug store-room. On opening a sachet of Augmentin (amoxicillin, clavulanate), he developed an immediate attack of facial angioedema, rhinoconjunctivitis, dyspnea, dysphonia and dysphagia, requiring treatment with adrenaline. He had previously tolerated oral amoxicillin, but after this episode, he had taken neither amoxicillin nor any other β -lactam.

Prick tests with amoxicillin and ampicillin (1 mg/ml) were both positive. A prick test with latex extract was negative. Patch tests with a standard series and a series of drugs were negative at D2 and D4. An open test with amoxicillin showed a severe immediate-type reaction, with erythema and large weals in the application area at 10 min and with later distant spread, but with no systemic signs. Large weals were also observed 10 min after applying an open patch with amoxicillin and clavulanate. 6 months later, the patient having remained asymptomatic, the study was completed with other open tests with aminopenicillins and clavulanate, separately. Erythema was observed only with amoxicillin 5% aq.

Immunological studies showed specific IgE (CAP Pharmacia Diagnostic, Uppsala, Sweden) to penicillin G and V (class 1), but amoxicillin and ampicillin were negative (<0.35 kv/1). The histamine liberation test (HLT), by the fluorometer method (1, 2), was positive to amoxicillin and negative to ampicillin.

The patient was diagnosed as having occupational al-

lergic contact urticaria from amoxicillin and was withdrawn from his job.

Discussion

Occupational contact urticaria from penicillin was described in 1985 (3, 4). Further cases were later reported, but none from amoxicillin. The positive open test to amoxicillin was considered to lend further support to the occupational relevance of this patient's Type I hypersensitivity. The relative contributions of the oral, inhalational and cutaneous routes of sensitization in this patient remain uncertain (5).

We stress the need to perform open tests, as well as prick tests, with maximum care and control, and recommend that the former, despite being open, are initiated with allergen dilutions that are considered clinically relevant.

References

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