

Short Communication

Allergic contact dermatitis from mastic in compound mastic paint

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A 38-year-old woman developed a florid blistering dermatitis around her right knee within 2 days of patellar surgery. This deteriorated over the next week with slight spread to her face. A skin swab showed no evidence of bacterial infection, and the knee eruption responded well to very potent topical corticosteroid. Her skin had been prepared pre-operatively with Betadine® paint, with compound mastic paint being applied post-operatively. Patch tests carried out a month later showed no reaction to an extended European standard series or Betadine® paint as is. Dilutions of compound mastic paint in castor oil were positive (++) to 10% at D3.

Mastic is an oleoresin obtained from a variety of *Pistacia lentiscus* var. *chia* (Anacardiaceae), an evergreen shrub cultivated in Mediterranean countries (1). From July to October, each plant is repeatedly incised, receiving in all as many as 200–300 wounds. The resinous exudate is a complex mixture of polycyclic triterpene acids and alcohols, principally the monoterpene hydrocarbons α -pinene, β -myricine and camphene. Its main

use is in compound mastic paint containing 40% mastic, castor oil, acetone and methylated spirit, which is used to protect wounds and make dressings adhere. Mastic has also been used in dentistry as a temporary filling, and in chewing gum, incense and varnish (2).

Allergic contact dermatitis from mastic has previously been reported from a Chinese orthopaedic solution (3). The precise allergens have not yet been identified.

References

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