

◇ Case Report

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A case of contact dermatitis due to tea tree oilMatsukura, Setsuko¹⁾ Sano, Haruka¹⁾ Aihara, Michiko²⁾¹⁾ *Yokosuka General Hospital Uwamachi*²⁾ *Department of Environmental Dermatology, Yokohama City University Graduate School of Medicine***Abstract**

Essential oil is widely used in daily life in various scene as aroma therapies. 47-year-old woman used tea tree oil diluting with distilled water as skin lotion. One day, she felt itch on her foot and used the skin lotion several times, but skin rash aggravated. She visited our clinic and the patch test with the skin lotion containing tea tree oil revealed positive reaction. Fragrance mix was also positive in the patch test. We diagnosed her allergic contact dermatitis due to tea tree oil which was used as skin lotion.

〈本文p.711～714〉

A case of contact urticaria from rice bran due to epicutaneous sensitizationChikazawa, Sakiko¹⁾ Satoh, Takahiro¹⁾¹⁾ *Department of Dermatology, National Defense Medical College***Abstract**

A 20-year-old female presented with a one-year-history of pruritus and wheals on her hands when washing raw polished rice. She had episodes of recurrent contact with rice bran since her childhood. Skin prick test was positive for rice bran, but negative for rice removing bran. She did not show any allergic symptoms to oral intake of boiled rice. A diagnosis of contact urticaria from rice bran was made. Notably, skin prick test with wheat bran was also positive, suggesting a cross-reactivity between rice bran and wheat bran.

〈本文p.715～718〉

A case of contact dermatitis caused by crystal violet used for disinfecting the wound of ventricular assist deviceYamamoto, Kensuke¹⁾ Hayama, Koremasa¹⁾ Yaoita, Hiroko²⁾ Oosaka, Syunji²⁾ Sezai, Akira²⁾ Terui, Tadashi¹⁾¹⁾ *Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine*²⁾ *Department of Cardiovascular Surgery, Nihon University School of Medicine***Abstract**

A 41-year-old male presented with a boundary erythema around of a driveline of the ventricular assist device. As a result of the patch test, crystal violet used for disinfecting the wound of the ventricular assist device was positive.

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〈本文p.719～722〉

A case of contact dermatitis syndrome due to Bisono[®] tape application

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Abstract

A 55-year-old-female had been applying Bisono[®] tape because of ventricular contractions. After about three weeks, she noticed erythema at the Bisono[®] tape application site on the skin of her left upper arm. As the erythema gradually spread over her whole body, she visited our hospital. We diagnosed contact dermatitis syndrome due to Bisono[®] tape. Bisono[®] tape, a transdermal patch containing β 1-Blocker, was first released in 2013. There is no previous report of allergic contact dermatitis due to Bisono[®] tape in Japan, but similar cases are likely because use of such patches has increased recently.

〈本文p.723～726〉

A case of allergic contact dermatitis caused by polysilicone-15 in a sunscreen

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Abstract

A 65-year-old woman, who had no history of allergy, presented with a one-year history of rash on her face except for periorbital regions. As we suspected contact dermatitis on the basis of morphology, we performed patch testing with cosmetics she used (as is). Results of patch testing revealed a positive reaction to a sunscreen. In sequent patch testing with ingredients of the sunscreen, a positive reaction to polysilicone-15 was noted. Polysilicone-15 is a silicone based UVB absorber. It is a macromolecule that remains on the surface, and does not infiltrate into the skin. Because of such safety, it is widely used in cosmetics. Our case suggests, however, that polysilicone-15 can cause allergic contact dermatitis.

〈本文p.727～730〉

Contact dermatitis to Neo-Medrol[®] EE ointment: not only to a main ingredient but to one of its preservatives

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Abstract

A 74-year-old woman developed pruritic lesions after removal of both cataracts. After she applied Neo-Medrol[®] EE ointment (Pfizer Co.) for itching around eyes, pruritic rash appeared at application sites. Physical examination revealed well-demarcated, dark reddish lesions consisting of edematous erythema and vesicles on both upper eyelids and medial canthus. Patch testing demonstrated strongly positive reactions to fradiomycin sulfate and lanolin alcohol, and negative ones to 6 eyedrops she used. These results demonstrated sensitization not only to a main ingredient of Neo-Medrol[®] EE ointment (fradiomycin) but to one of its preservatives (lanolin).

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〈本文p.731～734〉

A case of allergic contact dermatitis caused by a violinOgari, Keiji¹⁾ Mineoka, Risa¹⁾ Masuda, Koji¹⁾ Ymazato, Shiho¹⁾ Ueda, Sachiko¹⁾ Hattori, Junko¹⁾ Katoh Norito¹⁾¹⁾ *Department of Dermatology, Kyoto Prefectural University of Medicine Graduate School of Medical Science***Abstract**

An 8-year-old female started playing a violin in 2014. Itchy erythema appeared on the left side of her neck and collar-bone 1 month after she started using a new violin in 2015. Contact dermatitis due to the violin was suspected based on the distribution of the eruptions. We performed patch tests of using the main body of the violin, the body of the chin rest, the cork part of the chin rest mixed with white petrolatum, the rosin on the violin bow, a metal series, and the Japanese standard series. The following results were obtained using the International Contact Dermatitis Research Group standard series : + + + for aluminum chloride (in the metal series) after 72 hours, and + for nickel sulfate in both the metal series and Japanese standard series. Based on the patient's clinical symptoms and patch test results, she was diagnosed with contact dermatitis caused by the metal part of the violin's chin rest.

〈本文p.735～738〉

Contact dermatitis due to an intravascular indwelling catheterMatsudate, Yoshihiro^{1,2)} Murao, Kazutoshi¹⁾ Urano, Yoshio²⁾ Kubo, Yoshiaki¹⁾¹⁾ *Department of Dermatology, Tokushima University Graduate School of Medical Science*²⁾ *Division of Dermatology, Tokushima Red Cross Hospital***Abstract**

We present two cases of contact dermatitis due to an intravascular indwelling catheter. We diagnosed from clinical features that papules occurred on the insertion parts of catheter and a catheter placement test was positive. Although a patch test of the catheter was negative, we suspected it was caused by polyurethane, polycarbonate or additive agents which were component of the catheter.

〈本文p.739～742〉

A case of allergic contact dermatitis caused by DERMABOND ADVANCEDMatsubara, Akihiro¹⁾ Nishida, Emi¹⁾ Oda, Takao¹⁾ Ikumi, Kyoko¹⁾ Nishihara, Haruna¹⁾ Kato, Hiroshi¹⁾Morita, Akimichi¹⁾**Abstract**

A 45-year-old woman presented with widespread dark brown papules at 4 sites on her abdomen one month later after laparoscopic surgery. These sites have been applied with DERMABOND ADVANCED[®] during surgery. Patch tests were performed and the positive reaction was specifically obtained with DERMABOND ADVANCED[®]. She was diagnosed with allergic contact dermatitis caused by DERMABOND ADVANCED[®]. The lesions appeared on the skin around her wound one month after the operation. Allergic contact dermatitis by DERMABOND ADVANCED[®] is associated with the operations for female cases and residual adhesive on the skin for a long time.

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〈本文p.743～746〉

A case of contact dermatitis due to cucumber leaves

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Abstract

A 73-year-old Japanese man developed multiple red papules and erythema on his trunk and limbs. The eczema on his hands worsened while cultivating some vegetables including cucumbers in his garden. The patch tests showed a positive reaction to both sides of cucumber leaves but not to the cucumber peel, stem, and mashed leave. These results suggested that this case was an irritant reaction to thorns of cucumber leaves. It is important to perform patch tests not only for one side of a leaf but also for the other side of a leaf, peal, and stem of vegetables.

〈本文p.747～750〉

A case of contact dermatitis due to Japanese-made mobile phone

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²⁾ *Akagi Dermatology Clinic*

Abstract

A 43-year-old male. One year ago, the paint on the side of his Japanese-made mobile phone peeled off. He had a rash on his right palm since then. As his rash was strikingly unilateral, an allergic reaction to his mobile phone was considered to be the most likely cause. He was patch tested with Japanese standard allergens, additional metals and some samples from his mobile phone. Readings were performed on Day 2, Day 4 and Day 7. He reacted to potassium dichromate and the paint on the side of the mobile phone. He was therefore diagnosed with contact dermatitis due to the Japanese-made mobile phone and chromium.

Until now, most reports of allergic contact dermatitis caused by mobile phones have involved nickel, but chromium is rare compared with nickel. It is important to consider the possibility of allergic contact dermatitis caused by mobile phones when patients present with unilateral palmar and/or ear dermatitis. Both chromium and nickel are possible causes.

〈本文p.751～754〉

A case of allergic contact dermatitis from gel nails

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Abstract

A 54-year-old woman developed hand eczema after the application of gel nails. She was patch tested with products of gel nails (open patch test, as is) and the series of acrylates (closed patch test, the reagent by Chemotechnique Diagnostics Company). The results of patch tests shown positive allergic reaction for butyl acrylate(BA), 2-hydroxyethyl methacrylate(2-HEMA), 2-hydroxypropyl methacrylate(2-HPMA), ethyleneglycol dimethacrylate(EGDMA), 1-6 hexanediol diacrylate(HDDA), tetrahydrofurfuryl methacrylate(THFMA), ethyl acrylate(EA), 2-hydroxyethyl acrylate(HEA), triethyleneglycol diacrylate(TREGDA). She was diagnosed with allergic contact dermatitis caused by acrylic resin which used for gel nails.

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〈本文p.755～758〉

Contact dermatitis caused by tulobuterolHattori, Sayoko¹⁾ Konishi, Keisuke¹⁾¹⁾ *Department of Dermatology, Kyoto City Hospital***Abstract**

A 53-year-old woman was prescribed tulobuterol for the treatment of asthmatic bronchitis. She developed edematous erythema at the sites where she had applied it. Contact dermatitis due to tulobuterol was suspected based on her clinical course, and we performed an ingredient patch test. The evaluations after 48 h and after 72 h both showed infiltrative erythema in response to tulobuterol, and we diagnosed as contact dermatitis caused by tulobuterol. Tulobuterol-containing transdermal patches are frequently used, but our literature search for reports of contact dermatitis yielded only a single case. We considered this to be an unusual case in which contact dermatitis was found to have been caused by tulobuterol.

〈本文p.759～762〉

A case of cutaneous ulcers caused by contact dermatitis due to l-menthol and 5% crotamiton creamKurasawa, Yusuke^{1,2)} Shoji, Akinobu²⁾¹⁾ *Department of Dermatology, Pref Osaka Saiseikai Izuo Hospital*²⁾ *Department of Dermatology, Ikeda Kaisei Hospital***Abstract**

A 70-year-old man was visited to our hospital suffering from cutaneous ulcers with necrotic tissues on his groin and scrotum. He had had applied over-the-counter medicine (Mentholum AD cream n) to his groin for pruritus by himself for 8 years. 2 month earlier, skin erosions with pain had developed on his scrotum, but he continued to apply it. Patch testing showed positive reactions to Mentholum AD cream n, and to crotamiton in one of the ingredients of this cream. Cutaneous ulcers were cured and left scar about 2 months from first visit.

〈本文p.763～766〉

A chemical burn caused by a t-shirt which provided at the stand-up paddle boat tournamentAkaishi, Naomi¹⁾ Otsuki, Yuki¹⁾ Watanebe, Kyoko¹⁾¹⁾ *Division of Dermatology, Shonan Fujisawa Tokushukai Hospital***Abstract**

A 43-year-old male presented with dysphoria, pain and burnig sensation after wearing an official t-shirt provided at the Stand-up paddle boat tournament. He had erythema, blisters and erosion on his chest, back and armpits on his first visit at our office. Many participants and staffs complained of such burn like symptoms on their skin area where the t-shirts were worn. We concluded that high contamination of Didecyldimethylammonium · chloride (DDAC) which used for coloring t-shirts caused chemical burn. Three patients were patch tested with DDAC, Didecylmethylamine (DDMA) and N,N-Dimethyldecylamine (DMDA). DDMA and DMDA are degradation of DDAC. They showed negative reactions.