CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

A HAPPY COINCIDENCE - RECALCITRANT ECZEMA SUCCESSFULLY TREATED WITH TERIFLUNOMIDE

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Background: Allergic contact dermatitis (ACD) is a type IV, delayed-type reaction caused by skin contact allergens that activate antigen-specific T cells, in a sensitized individual, leading to skin erythema and eczema.
Teriflunomide (TF) is approved for the treatment of Multiple sclerosis. TF suppresses proliferation of T cells through reversible inhibition of the mitochondrial enzyme dihydroorotate dehydrogenase (DHODH), blocking de novo pyrimidine synthesis.

Observation: A 61 years old housewife, amputated due to an accident, requiring the use of prosthesis and crutches, was followed in dermatology consultation for about 20 years due to an ACD of the stump and palms of the hands.
The diagnosis of allergic contact dermatitis towards the prosthesis material was preempted.

Patch tests revealed positivity for nickel sulphate 5% (+), Thiuram mix 1% (++),Colophony 20% (++), Thimerosal 0.1% (++), Balsam of Peru 25% (+), Epoxy resin 1% (+), Cobalt Chloride 1% (+). Prosthesis material was also positive (++), confirming the clinical hypothesis of ACD, further corroborated by skin biopsy.
Despite change of prosthesis material, use of barrier creams, topical and systemic immunosuppressive therapy, the clinical response was not satisfactory and lasting.
In March 2017 the patient was observed by neurology due to an history of three sporadic and self-limiting episodes of neurological deficits starting at 27 years old, fulfilling criteria for relapsing-remitting multiple sclerosis. She initiated a first line treatment with teriflunomide (14 mg /day) with control of neurological symptoms.
Two weeks after starting treatment of treatment, the skin lesions fully resolved, despite the exposure to allergens. Until today the patient shows no treatment side effects.

Key message: Teriflunomide may represent a new therapeutic option for recalcitrant ACD. Its cytostatic effect specifically under proliferating lymphocytes is unique. Other agents depend on direct cytotoxicity and induction of apoptosis. Data from studies in multiple

sclerosis reinforce its safety profile.