



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

SYSTEMIC CONTACT DERMATITIS WITH TOPICAL CHLORAMPHENICOL IN A PATIENT WITH LEG ULCERS.

G Ettorre⁽¹⁾ - P Romita⁽¹⁾ - F Ambrogio⁽¹⁾ - D Bonamonte⁽¹⁾ - C Foti⁽¹⁾

University Of Bari, Dermatology, Bari, Italy⁽¹⁾

Background: Preparations containing clostridiopeptidase A and chloramphenicol are frequently topically used for the debridement of leg ulcers, burns and other necrotic lesions to facilitate the granulation tissue generation and subsequent reepithelization. Even though international literature reports some cases of contact eczema after repeated applications of clostridiopeptidase A based ointment on leg ulcers, very few studies are reported about chloramphenicol (CAF) contact dermatitis.

Observation: We visited a 65-year-old immunocompetent patient for postoperative left leg ulcers localized at the surgical access site. He didn't have shown wound healing after one month daily application of clostridiopeptidase A and CAF based ointment, presenting whole body spread eczem-prurigo-like dermatitis. Patch testing with clostridiopeptidase A based ointment and its excipients, no reactions were observed; positive reaction was observed patch testing with clostridiopeptidase A and CAF ointment. CAF based ointment suspension and topical steroid therapy led to clinical manifestations remission.

Key message: This study shows the sensitizing capacity of topical CAF. We observed a eczem-prurigo like allergic contact dermatitis not limited to the only surgical access site but rapidly spread to the whole body skin. CAF should be tested in every patient with chronic poorly-healing wounds. Further observations are needed to individuate eziopathogenetic moments of this clinical manifestation and to optimize consequent therapy.

