

**Abstract N°: 131****Real-life Utility of Basophil Activation Test in the Diagnosis of Immediate Hypersensitivity Drug Reactions**

Dimitra Koumaki\*<sup>1</sup>, Stamatis Gregoriou<sup>2</sup>, Aikaterini Doxastaki<sup>1</sup>, Dimitrios Mylonakis<sup>2</sup>, Konstantinos Krasagakis<sup>1</sup>

<sup>1</sup>University Hospital of Heraklion, Department of Dermatology and Venereology, Heraklion, Greece,<sup>2</sup>Andreas Sygros Hospital, National and Kapodistrian University of Athens, Medical School of Athens, Department of Dermatology and Venereology, Athens, Greece

**Introduction & Objectives:** The basophil activation test (BAT) is a flow cytometry laboratory technique that assesses the level of activation indicators expressed on the basophils' surface. We conducted a real-life study in a prospective cohort of patients with reported drug hypersensitivity reactions to determine the true relevance of the Basophil Activation Test (BAT) as a diagnostic tool for assessing immediate hypersensitivity reactions to medicines.

**Materials & Methods:** We prospectively assessed individuals who had a clinical suspicion of immediate hypersensitivity reactions to drugs over two years. The allergological evaluation was carried out following the guidance of the EAACI. All patients underwent BAT using the activation markers CD63.

**Results:** In total 13 patients with 54 reported immediate drug hypersensitivity reactions to medications were included in this study. In total, there were 92.3% (12/13) females and 7.70 (1/13) males. The mean age of the patients was 47.31 ± SD 19.94 years. There were 35.2% (19/54) antibiotics tested, followed by 24.1% (13/54) corticosteroids, 14.8% (8/54) iodinated contrast medium, and 5.6% (3/54) NSAIDs. There was no correlation between the BAT results and the age of patients, gender, type of medication, or time interval between the allergic reaction and BAT performance. The sensitivity of BAT 5% CD63+ basophils to drugs was 97.6%, specificity was 96% for drug allergies, positive predictive value (PPV) was 94.3%, and negative predictive value (NPV) was 95.2%.

**Conclusion:** The sensitivity of BAT for drug allergies is limited, but it can nevertheless be very helpful before contemplating provocation testing in cases of life-threatening drug allergies where patients cannot be re-challenged or in cases of medications for which no other tests are available or their results are ambiguous.



**Abstract N°: 384****Associations between metabolic syndrome and allergic diseases: a nationwide study in Korea and literature review**Young Lip Park\*<sup>1</sup>, Sung Yul Lee<sup>2</sup>, Sul Hee Lee<sup>1</sup>, Min Jung Kwon<sup>1</sup>, Yun Su Eun<sup>2</sup><sup>1</sup>Soonchunhyang University College of Medicine, Department of Dermatology, Bucheon, Korea, Rep. of South,<sup>2</sup>Soonchunhyang University College of Medicine, Department of Dermatology, Cheonan, Korea, Rep. of South

**Introduction & Objectives:** Atopic dermatitis (AD), allergic rhinitis (AR), and asthma are typical allergic diseases, with a common pathogenesis involving increased type 2 immunity. Despite numerous studies, the association between these diseases and metabolic syndrome (MetS) remains controversial. The aim of this study was to explore relationships between AD, AR, and asthma both to MetS and to each of its components.

**Materials & Methods:** Population-based, cross-sectional data were obtained from the Korean National Health and Nutrition Examination Survey from 2019 to 2020. Multiple logistic regression analyses were conducted to evaluate the association between allergic diseases and MetS. The results were compared with those of previous studies of the association between MetS and allergic diseases, identified in a literature review following a search of PubMed and the Cochrane Library.

**Results:** Based on assessments of 1,329, 4,824, and 1,172 patients with AD, AR, and asthma, respectively, negative associations between both AD and AR and MetS were determined, after adjusting for confounding factors. By contrast, asthma was positively associated with MetS (odds ratio [OR]: 0.58, 95% confidence interval [CI]: 0.50–0.67; OR: 0.73, 95% CI: 0.67–0.78; OR: 1.70, 95% CI: 1.51–1.92, respectively). The heterogenous findings highlight the need for further investigation of associations between the studied allergic diseases and MetS as well as each of its components.

**Conclusion:** Atopic dermatitis and allergic rhinitis had a negative association with metabolic syndrome, whereas asthma showed a positive association.



**Abstract N°: 397****The paradox of H1-antihistamine hypersensitivity- case report**

Alexandra Denisa Oprea<sup>\*1</sup>, Popa Liliana<sup>1</sup>, Chesa Dana<sup>2</sup>

<sup>1</sup>Elias Emergency University Hospital, Dermatology, Bucharest, Romania, <sup>2</sup>Elias Emergency University Hospital, Allergology and Immunology, Bucharest, Romania

**Introduction & Objectives:** H1\*\* antihistamines (AH) stand as the first-line therapy for a myriad of immunoallergic conditions, including chronic spontaneous urticaria (CSU) and allergic rhinitis. Despite their extensive global usage, hypersensitivity reactions (HR) to AH1 are exceptional events. CSU +/- angioedema are the most commonly reported manifestations of hypersensitivity to AH, displaying a predilection for female adult patients and onset 30 minutes to 6 hours after intake. We describe a case of AH1 hypersensitivity and provide an overview of the potential mechanisms underlying allergies to AH drugs.

**Materials & Methods:** A 37-year-old man was referred to our clinic for CSU with frequent episodes of exacerbation accompanied by angioedema. The patient had been diagnosed with allergic rhinoconjunctivitis and asthma, for which he was undergoing chronic treatment with beclomethasone dipropionate/formoterol fumarate 100/6 yg inhaler and mometasone nasal spray. The onset of CSU had taken place two years previously following the prophylactic administration of bilastine prior to the first dose of SARS COV2 vaccine. The urticarial lesions subsided spontaneously. The patient was afterwards recommended various AH1 drugs for the control of allergic rhinitis signs and symptoms and each administration induced urticaria flares, facial angioedema and the exacerbation of respiratory symptoms that required multiple courses of corticotherapy. Upon presentation, the suspicion of AH1 hypersensitivity was raised and later confirmed by a positive oral challenge to desloratadine and positive results of basophil activation tests to cetirizine, levocetirizine, desloratadine. The etiologic investigations for CSU consisted in screening for infectious and autoimmune diseases and only revealed the presence of autoimmune thyroiditis. The total serum IgE level was 1038 IU/ml. Corticotherapy was reinstated with rapid clinical improvement and was followed by the initiation of omalizumab treatment, which was well tolerated and successfully controlled both cutaneous and respiratory allergies.

**Results:** A high level of suspicion is necessary for the diagnosis of AH1 hypersensitivity. Challenge testing using different drug formulations might be helpful because hypersensitivity drug reactions may not occur in response to the pharmacologically active molecules, but rather to inactive ingredients, including food proteins (gelatin, lactose, starch, cinnamon, cocoa butter). AH1 works as inverse agonists by shifting the H1 receptor to its inactive form. Some authors suggest a paradoxical effect where AH1 may activate the H1-histamine receptor due to its ethylamine group, resembling histamine's molecular composition, causing HR. These observations support the hypothesis that the mechanism in these cases is likely IgE-independent.

**Conclusion:** Dermatologists should not discard AH1 as potential triggers or exacerbating factors of CSU, if suggested by the patient's medical history. Therefore,\*\* an allergy workup is crucial to avoid missing a potentially life-threatening diagnosis. Omalizumab may be an excellent therapeutic option for achieving disease control in cases of CSU with intolerance to different AH1 treatment regimens.



**Abstract N°: 738****Cutaneous vasculitis induced by crack: A concentrated derivative of cocaine.**

Hajar Tahiri<sup>1</sup>, Fatimazahra Fatoiki<sup>1</sup>, Farida Marniss<sup>2</sup>, Hanane Rachadi<sup>1</sup>, Fouzia Hali<sup>1</sup>, Soumiya Chiheb<sup>1</sup>

<sup>1</sup>Ibn rochd university hospital , Dermatology, Casablanca, Morocco, <sup>2</sup>Ibn rochd university hospital , pathological anatomy, Casablanca, Morocco

**Introduction & Objectives:**

Cocaine, a potent stimulant of the central nervous system, is widely consumed for recreational purposes in many regions of the world. Although its adverse effects on the cardiovascular system are well-documented, cutaneous complications related to cocaine use are also reported, among which cutaneous vasculitis is included. We report a case of isolated cutaneous vasculitis induced by cocaine.

**Materials & Methods:**

A 24-year-old patient, a chronic smoker of 12 pack-years, have been using benzodiazepines and crack for 3 months, presented with painful lesions on the feet evolving over 2 months. Dermatological examination revealed infiltrated and confluent purpuric and ecchymotic lesions associated with an branched livedo occupying the both feet. The rest of the physical examination revealed inguinal lenticular adenopathies without other abnormalities.

Skin biopsy showed thrombotic arteriolar vasculitis. Laboratory tests (complete blood count, serologies, renal and immunological tests including P and C ANCA and cryoglobulin levels) were negative. A positron emission tomography looking for arterial hypermetabolism or hypermetabolic tumoral area was normal.

The diagnosis of cocaine-induced vasculitis was made based on the patient's history, clinical examination, skin biopsy, and negative etiological workup. Withdrawal treatment was initiated, and the patient was put on benzodiazepines and colchicine and transferred to the addiction center. The lesions gradually regressed, and a new skin biopsy performed 2 months after withdrawal showed no signs of vasculitis or thrombotic vasculopathy.

**Results:**

Through our observation, we report a new case of cocaine-induced vasculitis in a 24-year-old individual. The diagnosis was not straightforward to establish as it, requires the elimination of all other primary vasculitides with which it may share clinical and immunological characteristics, including positive ANCA, making the diagnosis more challenging.

The diagnosis of cocaine-induced vasculitis relies on a thorough clinical evaluation, history of cocaine use, complementary examinations such as skin biopsies, and exclusion of other possible causes of vasculitis.

Treatment of cocaine-induced vasculitis typically involves discontinuation of drug use and management of associated complications. Corticosteroids and immunosuppressants may be used in severe cases to reduce inflammation and prevent further damage

**Conclusion:**

While cutaneous vasculitis associated with cocaine use is considered relatively rare, its prevalence appears to be increasing, raising concerns about the serious health consequences of this drug on users. Therefore, it is crucial to recognize this condition in order to make an early diagnosis and thus avoid progression to extensive and systemic forms of the disease.



**Abstract N°: 764****Values of IL-6, ESR and CRP in correlation with disease severity and quality of life in patients with chronic spontaneous urticaria**

Matea Kuna\*<sup>1</sup>, Mario Štefanović<sup>2</sup>, Blaženka Ladika Davidović<sup>3</sup>, Ina Novak<sup>1</sup>, Milena Hanžek<sup>2</sup>, Liborija Lugovic Mihic<sup>1</sup>

<sup>1</sup>University Hospital Center Sestre Milosrdnice, Department of dermatovenereology, Zagreb, Croatia, <sup>2</sup>University Hospital Center Sestre Milosrdnice, Department of Clinical Chemistry, Zagreb, Croatia, <sup>3</sup>University Hospital Center Sestre Milosrdnice, Department of Oncology and Nuclear Medicine, Zagreb, Croatia

**Introduction & Objectives:** Considering that in chronic spontaneous urticaria (CSU) the values of serum inflammatory parameters are elevated, the aim of our study was to assess the relationship between serum interleukin-6 (IL-6), erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) values and disease severity in CSU patients.

**Materials & Methods:** We included 20 patients with CSU who filled out questionnaires concerning disease severity and quality of life (the Urticaria Activity Score summed over 7 days, UAS7, the once-daily Urticaria Activity Score, UAS, the Urticaria Control Test, UCT, and the Dermatology Life Quality Index DLQI). Blood samples were taken to measure IL-6, ESR and CRP.

**Results:** According to the obtained results,\*\* ESR significantly correlated with the UAS7 ( $r = 0.496$ ;  $p = 0.026$ ), while CRP did not correlate with disease severity. Values of IL-6 correlated with the once-daily UAS ( $r = 0.472$ ;  $p = 0.036$ ) and DLQI ( $r = 0.504$ ;  $p = 0.023$ ), but not the UAS7 or UCT.

**Conclusion:** Our study showed that IL-6 was a better indicator of the once-daily UAS and DLQI, while ESR was a better indicator of the UAS7 (there was no correlation between IL-6, CRP and ESR values). Although our results are promising, this study should be conducted with a larger number of CSU patients.

**Abstract N°: 998****Photo-allergic eczema to Argan essential oil: a case report**

Nada Tahri<sup>1</sup>, Belharti Kaoutar<sup>1</sup>, Dikhayé Siham<sup>2</sup>, Zizi Nada<sup>2</sup>

<sup>1</sup>Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Dermatology , Oujda , Morocco, <sup>2</sup>Department of Dermatology, Venereology, and Allergology, Mohammed VI University Hospital, Oujda, Morocco 2 Laboratory of Epidemiology, Clinical Research, and Public Health, Faculty of Medicine and Pharmacy, Oujda, Mohammed First University, Oujda, Morocco, Dermatology , Oujda , Morocco

**Introduction & Objectives:**

Photoallergy, an adverse skin reaction triggered by exposure to sunlight, remains a fascinating and complex topic in the field of dermatology. While the sun is often synonymous with vitality and well-being, for some individuals it can trigger unexpected and problematic immune responses. This photosensitive reaction, involving an abnormal interaction between light and specific substances present in the skin, can manifest itself in a variety of ways, from simple rashes to more severe symptoms. We report the case of a patient who presented with a case of photoallergy to argan oil.

**Materials & Methods:**

We report the case of a patient with photoallergy induced by argan oil.

**Results:**

We report the case of a 36-year-old female patient, with no notable pathological history, notably no previous atopy or notion of allergic reactions, and who had the notion of applying argan oil but no notion of previous sun exposure.

The patient presented with a very pruritic, erythematous and edematous blotch on the face, respecting the neck and areas hidden by the veil, following the application of argan oil and exposure to the sun the day after application. The patient showed no abnormalities on the rest of the mucocutaneous examination. The photopatch test was not performed following the patient's refusal.

She was treated with dermocorticoids combined with local skin care, with a clear improvement in edema and erythema 4 days after the application of dermocorticoids. She was informed of the importance of avoiding the sun after using argan oil.

**Conclusion:**

Argan oil, used in cosmetology and aromatherapy, is sensitizing and causes contact reactions. We describe a contact allergy to this oil coupled with a photo-allergy. It is important to warn against the possible dangers of this essential oil.

**Abstract N°: 1086**

### **Fissured Fingertips - A Deficiency in Foreseeing a Cause**

Ling LI<sup>1</sup>, Dylan Maclochlainn<sup>2</sup>, Sanju Arianayagam<sup>1</sup>

<sup>1</sup>Churchill Hospital, Oxford University Hospitals, Department of Dermatology, Oxford, United Kingdom, <sup>2</sup>Churchill Hospital, Oxford University Hospitals, Department of Immunology, Oxford, United Kingdom

#### **Introduction & Objectives:**

A 76 year-old lady presented with a 5 month history of painful, fissured fingertips. She had a background of polymyalgia rheumatica, on long term treatment for the last 13 years with 4mg prednisolone once daily, ulcerative colitis managed with sulfasalazine, hypertension treated with ramipril, and chilblains. She also took calcium and vitamin D supplementation. To date, she had tried clobetasol ointment and clobetasone butyrate with nystatin and oxytetracycline cream to no effect.

She denied any Raynaud's phenomenon but did note that her fingers became dusker in hue in the colder months, and the fissuring also followed this seasonal pattern with exacerbation over winter and improvement with warmer weather (including at time of presentation, in May). On examination, almost all 10 distal phalanges demonstrated scaling and fissuring with minimal surrounding erythema and no signs of active infection. Proximal nail folds were slightly ragged. Fingernails demonstrated no pitting or onycholysis. She had no rash on the rest of her body with fingertip involvement being the sole finding.

#### **Materials & Methods:**

A biopsy was performed which showed psoriasiform hyperplasia and interface inflammation. There was no vascular pathology and no significant eosinophilic component.

Unremarkable blood tests included full blood count, renal and liver function. Serum immunoglobulins, free light chains and serum electrophoresis showed isolated raised IgM and absence of paraprotein. Myositis blot was insignificant with only an equivocal cN-1A. Cryoglobulin screen was negative.

Other positive blood test findings included an ANA of 1:160 with positive anti-Ro, equivocal anti-La and equivocal U-snRNP. C4 was undetectably low on two occasions at <2.9 (reference 14-40) while C3 was near the lower limit of normal on one occasion at 67.4 (reference 65-100). She had positive anti-phospholipid antibodies (cardiolipin IgM and anti-beta2-glycoprotein) but did not meet the criteria for antiphospholipid syndrome having no arterial or venous thrombosis or obstetric losses. Lupus anticoagulant was positive.

#### **Results:**

Rheumatology opinion was sought, and her clinical and biochemical picture deemed to be in keeping with probable C4 deficiency. Complement C4 is a key component of innate immunity, the classical and lectin complement cascades; these systems induce membrane lysis and cytokine production in response to pathogens but also play a role in clearing soluble immune complexes and cell debris. Low C4 can be observed more commonly in immune complex-mediated diseases; a low C4 level has several causes including but not limited to systemic lupus erythematosus, hepatitis virus infection, C1 esterase inhibitor deficiency, C4 null allele and cryoglobulinaemia.

#### **Conclusion:**

Her fissured fingertips, secondary to probable C4 deficiency predisposing to autoimmunity and the development of antiphospholipid antibodies, were managed with aspirin 75mg once daily, with the option to add in hydroxychloroquine.



At present, her symptoms are resolving, and long-term follow-up continues.

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**Abstract N°: 1218****Allergic contact dermatitis in atopic individuals: Results of a 3-year retrospective study**

Dora Mancha<sup>1</sup>, Joana Vieitez Frade<sup>1</sup>, Cláudia Brazão<sup>1</sup>, Lanyu Sun<sup>1</sup>, Sofia Duarte<sup>1</sup>, Teresa Correia<sup>1</sup>, Paulo Filipe<sup>1</sup>

<sup>1</sup>Unidade Local de Saúde de Santa Maria, Dermatology, Lisboa, Portugal

**Introduction & Objectives:**

The relationship between allergic contact dermatitis and atopic dermatitis/atopy (AD) remains unclear, with studies showing conflicting results. Increased exposure to topical medications, emollients, and compromised skin barrier function may elevate the risk of exposure and sensitization.

This retrospective study aims to investigate the prevalence of contact allergy in patients with and without AD.

**Materials & Methods:**

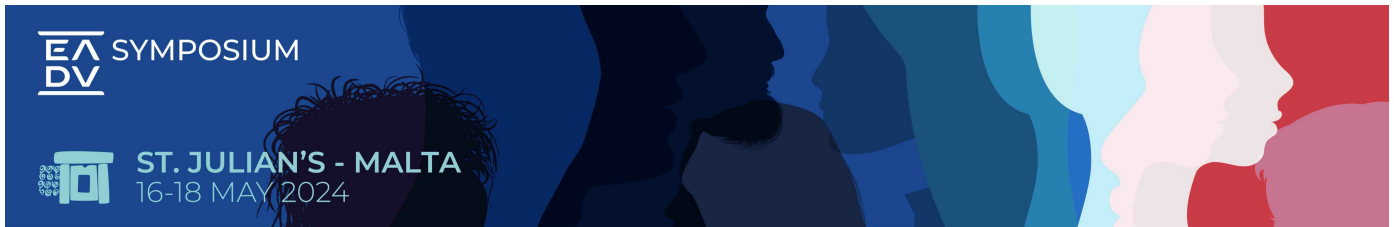
During the period of 2020-2022, the patch test results of 178 patients were reviewed at a single center. The study compared the results of those with a history of current or past atopic dermatitis to those without.

**Results:**

During the study period, 718 patients underwent patch tests using the basic series of the Portuguese Contact Dermatitis Group. Out of these, 503 patients (70%) were female. The mean age of patients in both groups was 47.1 years ( $\pm 17.2$ ). The sample was divided into two groups: Group A, which consisted of 545 patients (76%) without AD, and Group B, which consisted of 173 patients (24%) with AD. In Group A, 192 patients (35.4%) tested positive for at least one allergen, compared to 111 (64.1%) in Group B. The primary allergens in both groups, listed by frequency, were metals (nickel and cobalt), methylisothiazolinone, paraphenylenediamine, and fragrances. Significant differences between AD and non-AD patients were found in six allergens: nickel, cobalt, methylisothiazolinone, paraphenylenediamine, and chromate, with sensitization more likely in AD patients.

**Conclusion:**

The study shows that patients with atopic dermatitis have a higher chance of having positive reactions. In keeping with previous publications, exposure to topical treatments for AD can result in sensitization and contact allergy, and clinicians should consider patch testing in AD individuals who report worsening of their skin despite continued treatment with topical medicaments.



**Abstract N°: 1363**

**Contact dermatitis secondary to the application of *Euphorbia helioscopia*, commonly known as “euphorbe réveille-matin.”**

Meryame Hammouch<sup>1</sup>, Fatima-Zahra El Fatoiki<sup>2</sup>

<sup>1</sup>CHU ibn rochd, dermatology, casa, Morocco, <sup>2</sup>CHU ibn rochd, dermatology, casablanca, Morocco

**Introduction & Objectives:**

The spurges (*Euphorbia helioscopia* L) are toxic plants that naturally grow in the mid-European regions. The most toxic part is the milky sap (latex), which can induce severe contact dermatitis and conjunctivitis if it comes into contact with the skin or eyes. We report a case of a patient presenting with a case of contact dermatitis associated with secondary conjunctivitis following the local application of *Euphorbia helioscopia*. There are few documented cases of contact dermatitis in the literature attributed to the plants of *Euphorbia helioscopia* L.

**Case report:**

The patient is a 57-year-old woman with no notable medical history, particularly no history of atopy or plant use. She presented with alopecic lesions on the eyebrows and preauricular temporal regions, having directly applied *Euphorbia helioscopia* through friction to treat the alopecic lesions, with no history of oral ingestion. Eight hours later, she noticed the sudden appearance of a poorly defined erythematous and edematous plaque with intense pruritus. The plaque was covered with crust and exhibited oozing at the site of plant application, accompanied by swelling of the upper eyelids and ocular burning. The condition showed improvement following a ten-day prescription of dermocorticoids, along with the application of a protective and reparative barrier cream, corticosteroid eye drops, and healing eye drops. The toxic agent was avoided during the course of treatment.

**Conclusion:**

Contact dermatitis represents a prevalent group of inflammatory skin disorders, manifesting in two distinct forms: irritant and allergic. In irritant dermatitis, the penetration of the pathogenic agent triggers an inflammatory response due to the release of numerous cytokines and chemokines by various types of innate immune cells. The resultant cutaneous reaction typically remains confined to the area in contact with the irritating agent, as observed in our patient. Conversely, allergic dermatitis stems from an adaptive immune response of delayed hypersensitivity, involving the reactivation of previously sensitized T lymphocytes, which differs from the mechanism in our case.

In our patient, the causative agent was *Euphorbia helioscopia*, commonly known as “euphorbe réveille-matin.” *Euphorbia helioscopia* is a toxic plant of variable size (10 to 50 cm) containing major bioactive compounds such as triterpenes, euphorbol, euphorbone, hemolytic saponins, and diterpene esters. Traditionally, it has been applied to the scalp, utilizing latex for hair growth, mirroring the practice observed in our patient.

The toxic component is the milky sap (latex), primarily containing 12-deoxyphorbol, capable of inducing severe skin irritation and conjunctivitis if it comes into contact with the skin or eyes. Oral contact with the plant or latex-soiled fingers leads to a painful burning sensation in the mouth, excessive salivation, and potentially lip swelling or laryngeal edema. Ingesting the latex may result in nausea, vomiting, and diarrhea.

In conclusion, this case emphasizes the need to raise awareness among the general population and healthcare professionals regarding the toxicity of Euphorbiaceae, particularly *Euphorbia helioscopia*. This plant has the potential to cause severe skin irritation and conjunctivitis upon contact with the skin or eyes, as evidenced in our patient.



**Abstract N°: 1365**

### **Isolated Histaminergic Angioedema: A Study of Five Patients**

Meryame Hammouch<sup>1</sup>, Fatima-Zahra El Fatoiki<sup>1</sup>

<sup>1</sup>CHU ibn rochd, dermatology, casablanca, Morocco

#### **Introduction & Objectives:**

Angioedema is a common reason for consultation in emergency departments as well as in dermatology. It represents a deeper form of urticaria. Histaminergic angioedema is often associated with superficial urticaria. Here, we report five cases of isolated histaminergic angioedema.

#### **Case report:**

Case 1: A 30-year-old patient, with no personal or family history of atopy, presented with a sudden isolated angioedema of both lips, giving a sausage-like appearance, without prior medication use.

Case 2: A 46-year-old patient, with a history of chronic urticaria in a brother, presented with a sudden isolated angioedema of the left lower eyelid, without prior medication use.

Case 3: An 18-year-old patient, with no personal or family history of atopy, presented with isolated angioedema of the upper lip, with a history of taking NSAIDs for dysmenorrhea.

Case 4: A 20-year-old patient, with a history of chronic urticaria in the mother, presented with recurrent isolated angioedema of the nose and eyelids.

Case 5: A 33-year-old patient, with no personal or family history of atopy, and no history of medication use, presented with recurrent episodes of angioedema affecting the lips, external genitalia, and palmo-plantar regions for two years.

In all five patients, there were no superficial urticarial lesions, no laryngeal or respiratory signs, and no abdominal pain associated with the episodes. The qualitative and quantitative assay of C1 esterase inhibitor was normal. The diagnosis of isolated histaminergic angioedema within the context of chronic spontaneous urticaria was established. Patients were treated with antihistamines (Desloratadine 3 tablets/day). They also received therapeutic education regarding the avoidance of NSAIDs, systemic corticosteroids, and stress reduction. The outcome showed significant improvement.

#### **Conclusion:**

The particularity of our study lies in the isolated nature of histaminergic angioedema, with its diagnosis established based on improvement under second-generation antihistamines and the normality of the bradykinin-mediated angioedema assessment. Isolated histaminergic angioedema represents 6% of chronic urticaria cases according to a study conducted in our department in 2020.

The treatment for recurrent isolated histaminergic angioedema is the same as for chronic spontaneous urticaria. Antihistamines are the first-line treatment. The intake of aspirin or NSAIDs is a classic triggering factor for angioedema attacks in chronic spontaneous urticaria. Corticosteroids are currently considered exacerbating factors. They can induce angioedema attacks in patients and lead to urticaria resistance to antihistamines.

**Abstract N°: 1518****Contact dermatitis on the eyelids due to lemon-scented petroleum jelly: a pediatric case**

Hasnae Saddouk<sup>1</sup>, Hormi Ouissal<sup>1</sup>, Nassiba Zerrouki<sup>2</sup>, Siham Dikhaye<sup>2</sup>, Nada Zizi<sup>2</sup>

<sup>1</sup>Department of Dermatology, Venerology and Allergology, CHU Mohammed VI, Oujda, <sup>2</sup>Laboratory of Epidemiology, Clinical Research and Public Health. Faculty of Medicine and Pharmacy, Mohammed Premier University, Oujda, Morocco, Department of Dermatology, Venerology and Allergology, CHU Mohammed VI, Oujda

**Introduction & Objectives:**

While petroleum jelly is generally considered an inert and well-tolerated topical product, this case report highlights the need for increased vigilance, especially in children. We present a case of contact dermatitis on the eyelids due to lemon-scented petroleum jelly in a pediatric patient.

**Materials & Methods:**

An 11-year-old girl with no personal or family history of atopy consulted for intensely pruritic lesions on her left eyelids and periorbital area that had been evolving for one week before the consultation.

Before the onset of symptoms, the patient reported a slightly scaly lesion on her left upper eyelid, prompting self-medication with the application of lemon-scented petroleum jelly. The patient had never used this brand of scented petroleum jelly before, and the product was not purchased from a pharmacy but rather from a perfume store.

Physical examination revealed a shiny, oozing, erythematous plaque with vesicular, erosive, and occasionally crusted lesions affecting the left eyelids and periorbital region. Additionally, the patient exhibited upper eyelid swelling. However, recommended patch tests were not conducted due to financial constraints. Considering the clinical presentation and the use of scented petroleum jelly, a diagnosis of contact dermatitis was established. Application of an ointment containing Framycetin Sulfate/Dexamethasone Sodium Phosphate led to complete resolution of the lesions after 6 days. The patient was advised to discontinue the use of this type of petroleum jelly and opt for unscented medical-grade petroleum jelly. The patient did not experience further episodes during a one-year follow-up.

**Results:**


Allergic contact dermatitis (ACD) is considered the most common among various dermatological conditions associated with eyelid dermatitis due to the thin and delicate skin of the eyelids, the hydrated stratum corneum facilitating penetration, and the occlusive upper surface in frequent contact with allergens and irritants. Common allergens implicated in eyelid contact dermatitis include nickel, preservatives, fragrances, and neomycin. It is imperative to comprehensively label all product components on packaging and abstain from using sensitizing molecules. The lack of provision of this information by companies poses a potential obstacle to allergological investigations.

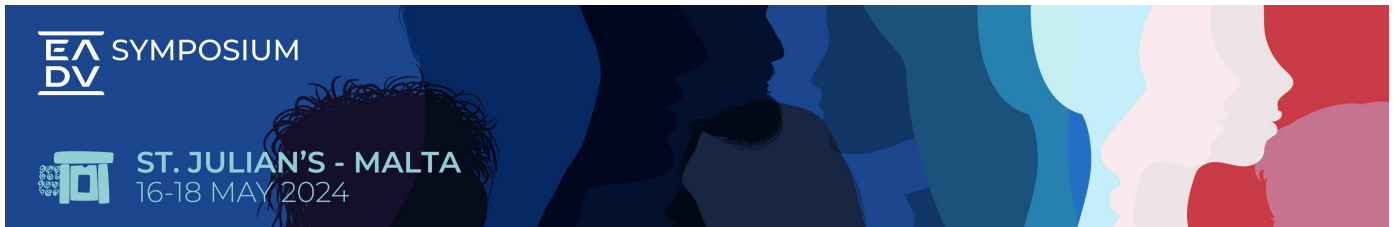
The petroleum jelly applied by our patient contains fragranced substances, even though it is not labeled by the respective company. Even in products presented as "odorless" or "fragrance-free," it is common to find a "masking fragrance" intended to conceal the unpleasant smell of other components. Odoriferous additives, most frequently implicated in allergic contact dermatitis, include aldehydes, ketones, and  $\alpha$ ,  $\beta$  unsaturated ketones/aldehydes.

In Europe, the Scientific Committee on Consumer Safety (SCCS) reported that nearly 16% of patients with eczema show sensitization to fragrance ingredients, while 1% to 3% of the general population is allergic to these compounds. These findings closely align with the results of another study conducted in the United States by the North American Contact Dermatitis Group, which revealed a 16.5% incidence of fragrance allergy among the 2,332 tested patients.

**Conclusion:**

Our clinical case highlights eyelid contact dermatitis resulting from the use of petroleum jelly enriched with odoriferous additives. The use of such products should be strongly discouraged.

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**Abstract N°: 1973**

### **Correlation of allergy with mycotic infections**

Artizana Dushi<sup>1</sup>, Fatime Kokollar<sup>1</sup>

<sup>1</sup>University Clinical Center of Kosovo, Dermatology, Prishtine, Kosovo

#### **Introduction & Objectives:**

Diseases caused by skin fungi range within the 10 most prevalent diseases worldwide with an estimated 20%–25% of the worldwide population being affected by superficial fungal infections [1][2]. Fungus in the skin and man as a being in the fight for survival, coexist in harmony until the balance of cooperation is broken. Who first contributed to the disruption of homeostasis is often unknown. Allergies can be the basis of the initiation of this procedure or mycotic infections provoke the awakening of the allergic counter-response to the colonies that have taken place in preferred areas.

#### **Materials & Methods:**

A male child patient, processed as a case in our clinic during outpatient visits. The child has a positive allergy history, as does the mother. He has an atopic dermatitis with periodic exacerbations as well as periodic obstructive bronchitis. Well, in the meantime, the colon of mycotic infection is superimposed on the respiratory tract; candida albicans, probably from frequent inhalations with the presence of aerosol cortisones and antibiotics. The child is obese and simultaneously has a mycotic infection in the head (*M. canis*). The diagnosis of mycotic infection was established based on mycotic culture, microscopic presence, Wood's lamp.

#### **Results:**

The child was successfully treated with oral and local antifungals.

#### **Conclusion:**

The presented case highlights the intricate interplay between allergic predisposition, environmental factors, and fungal infections in the manifestation of dermatological and respiratory conditions in pediatric patients. The successful treatment outcome with oral and local antifungals underscores the importance of prompt diagnosis and targeted therapy in managing such complex cases. This research is warranted to elucidate the underlying mechanisms driving the synergistic relationship between allergies and fungal infections, aiding in the development of more effective preventive and therapeutic strategies

#### **References:**

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