



Case 1

“What’s on my feet?”

A 24-year-old female presents with a pruritic, bullous eruption on bilateral dorsal feet.

What is the diagnosis?

- Porphyria cutanea tarda
- Allergic contact dermatitis
- Pemphigus vulgaris
- Bullous impetigo
- Bullous pemphigoid

Answer

Allergic contact dermatitis (answer b) of the dorsal foot can be associated with exposure to poison ivy, poison oak or poison sumac and exposure to dyes, leather and rubber used in shoes and sneakers. In her case, it was a pair of new leather shoes.

Dye and other allergens (*i.e.*, rubber, leather) are present in high concentrations in new shoes and are most likely to cause a reaction. Heat and perspiration may cause dyes in shoes or sneakers to leach out to the skin, worsening the condition. The dye may not be visible on the sock or skin, but if the person is allergic to it, a dry, itchy rash may develop within one to two days.



Treatment involves avoiding the offending allergen and using a potent topical steroid cream with an oral antihistamine. Topical antibiotic ointments can be beneficial to prevent infection. If the reaction is severe or more widespread, a short course of oral steroids can be beneficial.

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This month—5 cases:

1. “What’s on my feet?”
2. A Papule Problem
3. A Piercing Growth
4. “Doc, heal this nodule!”
5. A Recurring Rash