



“Clear these unsightly eruptions!”

Karen Binkley, MD, FRCPC

Notes on Maxine

Age: 52

Presentation: Maxine presents with periorbital swelling and erythema

- ✓ Maxine's eczematous periorbital eruption is intensely itchy
- ✓ Her symptoms fluctuate and have been present on and off for the last two months
- ✓ Her eyes sometimes swell to the point of closure
- ✓ There is residual flaking as swelling resolves
- ✓ She has intense wrinkling in the periorbital area
- ✓ She is not using any new personal care products for hair, face or hands
- ✓ She is currently taking no medications and has no known drug allergies

Medical history:

- ✓ Maxine has no previous history of skin eruptions
- ✓ She has no previous history of allergic rhinoconjunctivitis, asthma or food allergy
- ✓ There is not a clear family history of atopy
- ✓ Her past medical history is remarkable for previous tonsillectomy and cholecystectomy

Physical exam:

- ✓ Her physical exam is unremarkable except for marked periorbital wrinkles and some minimal superficial flaking


What do you suspect?

Final diagnosis:

Contact hypersensitivity reaction (type IV)

- ✓ Because of ongoing exposure, Maxine has likely become sensitized to an ingredient in one of her usual personal-care products
- ✓ The characteristic eczematous reaction occurs in the periorbital region
- ✓ The suspected product could relate to any hair, face or hand-care product
- ✓ The mechanism is that of sensitized T-cells with peak reactions 24 to 48 hours after exposure

Management:

- ✓ Empiric approach possible
- ✓ Discontinue all hair, face and hand-care products except for a hypoallergenic shampoo and petroleum jelly. Once the rash has cleared, add the products back at a rate of one new product per week to identify the offending agent
- ✓ If this approach is unhelpful, patch testing is appropriate 

Upcoming cases

- ✓ **January:** Mastocytosis
- ✓ **February:** Seasonal allergic rhinitis
- ✓ **March:** Shellfish allergy

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