



Fig. 1. Chemical structure of palmitoyl collagenic acid.

bility in water and acetone. It is frequently used as a cosmetic base (in concentrations up to 2%) in many creams, lipsticks, cleansing lotions; in higher concentrations (up to 10%) it is supposed to have anti-inflammatory, anti-pruriginous and wound-healing properties, and is then indicated for the treatment of insect bites, napkin dermatitis, sunburns, contact dermatitis, etc.

It is surprising how rapidly the onset of this allergy

occurred in our patient. We presume that she might previously have been sensitized to another compound, which could cross-react with palmitoyl collagenic acid; however, all tests with other collagen derivatives were negative.

As far as we know, there is only 1 previously reported case of allergic contact dermatitis induced by palmitoyl collagen aminoacid, which was present in a jogging cream used to prevent blisters during walking trips (1). More cases may be expected.

#### References

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### Contact allergy to oil of turpentine: a 10-year retrospective view

E. RUDZKI\*, N. BEROVA, A. CZERNIELEWSKI†, Z. GRZYWA, E. HEGYL, J. JIRÁSEK, J. KALENSKY†, P. MICHAILOV, L. NEBENFÜHRER, A. ROTHE, H. SCHUBERT, L. STRANSKY, H. SZARMACH, E. TĚMESVÁRI AND V. ZIEGLER

#### Contact Dermatitis Research Group in Comecon Countries

*Key words:*  $\Delta^3$ -carene; pine needle essential oil; pinene; turpentine; epidemiology; patch testing; eastern Europe.

Sensitivity to turpentine is decreasing in western Europe (1). Is a similar decrease taking place in central and south-eastern Europe? The main chromatographic components of our turpentines (2, 3) are shown in Table 1. Only Chinese turpentine differs significantly from the rest in containing no  $\Delta^3$ -carene; this turpentine is used almost exclusively in Hungary, but not in the other countries. No cross-reactions

occurred in guinea pigs sensitized either with Chinese or German balsam turpentine.

For patch testing, we used 10% turpentine in olive oil; the clinic in Budapest used sunflower oil instead. In each country, the turpentine used there was tested. In all, in the period 1979-1988, we tested 84,451 consecutive patients in 13 clinics in 5 countries: Bulgaria, Czechoslovakia, the former GDR, Hungary

Table 1. Composition of various turpentines

Components	Chinese	Hungarian	Russian	Polish	Former GDR	
					Balsam turpentine	Terpentine pinenarm*
$\alpha$ -pinene	81%	60%	66%	47%	50%	22%
carenes	—	14%	15%	37%	17%	55%
$\beta$ -pinene	6.5%	15%	7.5%	5%	6%	9%
camphene	2%	1.5%	1.4%	1%	—	—
dipentene	2.5%	5%	4%	3%	0.5%	1%
unidentified components	8%	4.5%	6.1%	7%	26.5%	13%

\* Not used for testing.

\* Klinika Dermatologiczna, 02-008 Warszawa, ul. Koszykowa 82a, Poland.

† Deceased.

Table 2. Comparison of the patch test % of turpentine sensitivity over the years 1979–1988

Years	No. subjects tested	No. positive to turpentine	% positive
1979–1983	36,431	596	1.6
1984–1988	48,020	887	1.8

and Poland. Table 2 compares the prevalence of turpentine hypersensitivity between the years 1979–1983 (36,431 subjects) and 1984–1988 (48,020). There was an increase from 1.6% to 1.8% of tested subjects, which shows no decreasing trend as in western Europe. The greatest rise in prevalence was found in the former GDR and in Poland. The only country where turpentine sensitivity had decreased was Hungary, where, in 1979–1983, the figure was 1.4% and in 1984–1988 0.6%.

The sources of turpentine sensitively probably vary. In Poland, over 30% of subjects with turpentine sensitivity were also positive to pine needle essen-

tial oil, used ever more frequently in Polish cosmetics. Turpentine is also used in certain floor polishes and liquid cleaners for outdoor monuments. In Germany, its main sources are solvents used for hand cleansing, furniture polishes, paints for porcelain, solubilizing fluid and some udder ointments for cows.

It seems that *a*-pinene is a more important allergen than *A*<sup>3</sup>-carene. In Poland, we tested 40 subjects with turpentine sensitivity with Polish and Chinese turpentines: 19 were positive to both, 17 only to Polish, and 3 only to Chinese turpentine.

#### References

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## Compositae dermatitis aggravated by eating lettuce

S. OLIWIECKI<sup>1</sup>, M. H. BECK<sup>1</sup> AND B. M. HAUSEN<sup>2</sup>

<sup>1</sup>The Skin Hospital, Chapel Street, Salford, Manchester, M60 9EP, UK

<sup>2</sup>Department of Dermatology, University Hospital, Hamburg, Germany

**Key words:** allergic contact dermatitis; Compositae; Asteraceae; lettuce; *Lactuca sativa*; plants; sesquiterpene lactones; lactucin; lactucopicrin; ether extracts; gardening.

### Case Reports

#### Case no. 1

A 59-year-old housewife had an 18-year history of hand dermatitis. Patch testing in 1982 had shown allergies to nickel and thiurams. In 1989, she noticed that her hand dermatitis was aggravated by certain plants and vegetables: eating lettuce caused lip and facial swelling; handling chrysanthemums and weeding the garden also aggravated her dermatitis.

She was a keen gardener and had contact with chrysanthemum, marguerite, lettuce, dandelion, chickweed, feverfew and daisy. She had had no occupational contact with plants or flowers. She could not recall ever using herbal medicines or cosmetics containing plant derivatives.

Patch testing was carried out initially to a modified European standard series and a short series of Hollister-Stier plant oleoresins, with positive (+ or ++)

reactions at 2 and 4 days to nickel, colophony, thiuram-mix, and tansy and chicory oleoresins.

Further patch testing was carried out with ether extracts of several Compositae species and with the sesquiterpene lactones listed in Table 1. She had positive reactions to all the plant extracts tested, including a 10% ether extract of lettuce, but showed only a weak reaction to lactucopicrin and no reaction to lactucin. There were positive reactions to allantolactone, isallantolactone, parthenolide and pyrethrosin.

#### Case no. 2

A 52-year-old housewife had a 20-year history of dermatitis of the backs of the hands and fingers, which was worse in summer. During 1990, the dermatitis became more severe and spread to the face, neck and forearms.

She was a keen gardener and noticed that her

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