BACITRACIN CONTACT ALLERGY IN ZAGREB

Although James, Walling *et al.* and Aberer have reported in J Am Acad Dermatol (1-3), and Smack *et al.* in JAMA (4) on the risk and benefits of the use of antibiotic-containing ointment during and after cutaneous surgery, we reviewed high hypersensitivity to neomycin over a three-year period (1990-1992). We recorded allergic contact dermatitis (ACD) due to neomycin (5.00%, 6.69% and 10.18%) in patients with atopic dermatitis, seborrheic dermatitis, psoriasis vulgaris and hypostatic dermatitis. At Allergy Clinic of the University Department of Dermatology and Venereology, the prevalence of contact allergy to bacitracin (neomycin) increased over years, from 15.94% in 2003 through 11.37% in 2004, 13.64% in 2005 to 9.04% in 2006. Bacitracin-containing ointments began to be recommended in hypostatic ulcers as well as in chronic wounds and postoperative wound dressing in the late 1990s. Neomycin-induced ACD and neomycin as a top allergen was the seventh most common allergen during the years 2000-2002 (1). Otitis externa should not be treated with topical agents containing neomycin or other aminoglycoside antibiotics because of the possible cross-reactions with other allergens (p-amino benzoic acid, erythromycin, chloramphenicol, gentamycin, fragrances). The application of proctologic neomycin-containing topical agents is not to be recommended either. In the treatment of hypostatic ulcers we suggest that the use of neomycin-containing topical agents be avoided (5). In their study performed in a postoperative setting, Smack et al. recorded ADC in 1% of patients exposed to bacitracin; these authors do not support the need of antibiotic ointment as part of postoperative wound care (4). Many authors do not advocate the use of bacitracin-containing ointments in postoperative setting because there is no infection preventing benefit (1).

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PEMPHIGUS VULGARIS PRESENTING AS PARONYCHIA

A 41-year-old man of Iraqi origin presented with paronychia on most of his fingers and all toes. After a couple of months oral erosions appeared and biopsy confirmed the diagnosis of pemphigus vulgaris. Further investigation showed IgG kappa paraprotein in serum electrophoresis. Underlying malignancy was ruled out. Immunoblotting showed that the patient's serum contained antibodies against 130 kD, 180 kD, 210 kD and 230 kD. This is a rare combination of antibodies that requires further investigation and follow up.

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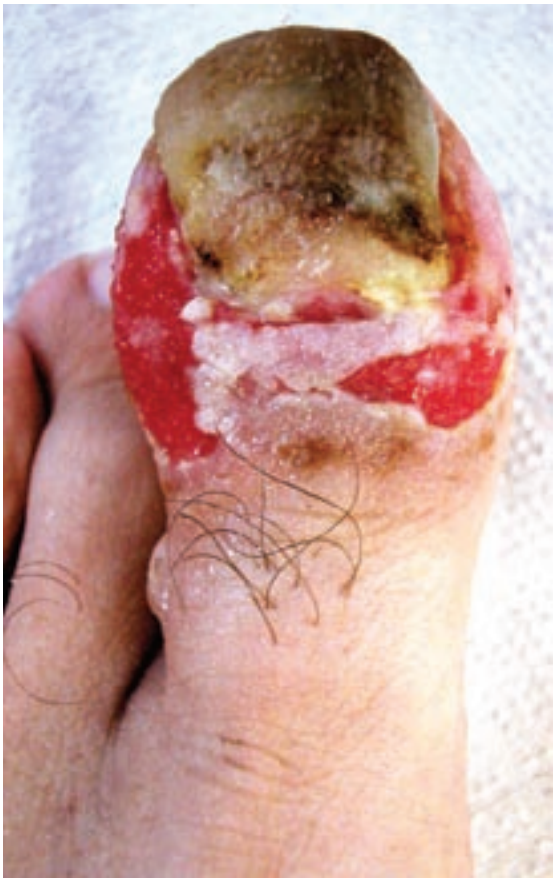

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CAT SCRATCH DISEASE

A 36-year-old woman known to have frequent and close contact with cats was admitted for diffuse papulovesicular rash, which resembled Sweet syndrome lesions. Two weeks prior to admission, she suffered from right inguinal lymphadenopathy and was treated with amoxicillin that led to resolution of lymphadenopathy. Serologic testing for Bartonella yielded IgG positive, IgM borderline, and 12 weeks later IgG positive, IgM negative findings. On histologic examination, granulomatous dermatitis with palisading and interstitial granulomas was found. The rash resolved spontaneously without therapy.

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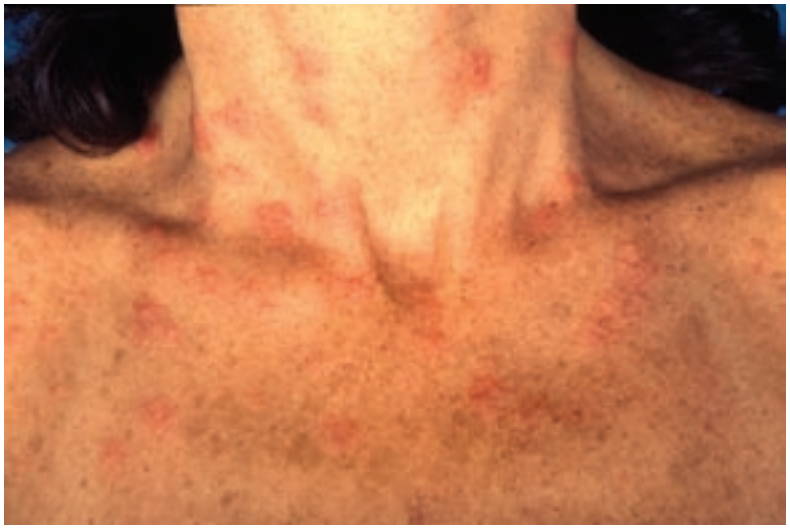

ACUTE CUTANEOUS LUPUS ERYTHEMATOSUS IN A YOUNG MAN

A 21-year-old military officer, otherwise healthy, presented with a symmetric widespread eruption on his face, ears, neck, upper chest and hands, in a clear photodistribution. The eruption consisted of papular exanthematous lesions on a diffuse erythematous base. Three weeks prior to presentation he was subjected to massive exposure to ultraviolet radiation during military practice, and also to stressful personal events. Further investigation revealed a positive significant antinuclear factor and deposition of immunoreactants in the dermoepidermal junction. Based on clinical, serologic and immunohistologic studies, the diagnosis of acute cutaneous lupus erythematosus (ACLE) was made and the patient was successfully treated with a topical potent corticosteroid and strict sun avoidance. Due to fulfillment of two criteria of the revised ACR for the diagnosis of systemic lupus erythematosus (SLE), i.e. photosensitivity and positive antinuclear factor, incomplete SLE was suspected, thus mandating further long-term monitoring. In the light of the low prevalence of lupus erythematosus among males, the complex interplay between sex hormones and the genetic background in autoimmune diseases was considered.

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