

Short Communications

Contact dermatitis from a billiard cue

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Key words: epoxy resin; varnish; allergic contact dermatitis; hobbies; billiards; billiard cue; filter paper test; histological examination; differential diagnosis from psoriasis.

A 62-year-old man presented with a pruriginous hyperkeratotic fissured hand dermatitis. Lesions began 9 years ago on his palms and later spread to the 1st interdigital web of both hands. They persisted on holidays and improved only slightly with topical corticosteroids. No personal or family history of atopy or skin diseases was found.

Biopsy showed a hyperkeratotic epidermis, with areas of exocytosis and spongiosis, and a dermal perivascular lymphomononuclear infiltrate, consistent with chronic dermatitis.

Patch tests with the standard series of the Portuguese Contact Dermatitis Group (Trolab) gave positive reactions to epoxy resin, fragrance-mix (cinnamyl alcohol and cinnamaldehyde), balsam of Peru, turpentine and neomycin, which were difficult to explain in their entirety.

Other patch tests with plants and woods, plastics and glues (Trolab) and corticosteroids (Edol, Portugal) were negative. When further questioned, the patient reported previous dermatitis from several deodorants and after-shave lotions, and that he had used several corticosteroid creams with neomycin. Also, he had been a regular billiard player since his youth and, 10 years ago, had bought a new cue of exotic wood, with ivory incrustations, that was varnished. Patch tests with varnish scraped from the cue gave an intense positive reaction and epoxy resin was identified in the varnish (1).

The patient still plays billiards with no problems; he uses the same cue, but removed the varnish completely and protected it only with petrolatum.

Comment

Our patient had a chronic allergic contact dermatitis of the hands due to a billiard cue that was finished with a varnish containing epoxy resin. Epoxy resin, contained in some varnishes, may also be responsible for domestic contact dermatitis (2), even though it occurs mainly in an occupational setting (3).

In our patient, the hyperkeratotic character of the lesions and their very chronic history suggested the diagnosis of psoriasis. Fortunately, in this case, biopsy was conclusive and encouraged us to continue searching for a relevant allergen.

References

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