Contact dermatitis to *Dendranthema morifolium* (Ramat)

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**Key words:** airborne allergic contact dermatitis; *Dendranthema morifolium*; *Chrysanthemum parthenium*; *Chamomilla romana*; *Helianthus annuus*; *Dittrichia viscosa*; pyrethrum; *Frullania dilatata*; *Laurus nobilis*; *Magnolia grandiflora*; sesquiterpene lactones. © Munksgaard, 1996.

Contact dermatitis from chrysanthemum is well-known and common among florists or horticulturalists (1-3). Nevertheless, the identity and correct nomenclature of the plant responsible is frequently the subject of confusion, as stressed by Schmidt (4). Cultivar chrysanthemums of florists or autumn-flowering chrysanthemums belong to the genus described by Des Moulins (4): they are perennial, of hybrid origin and do not have a winged corolla tube. The genus *Chrysanthemum* includes annual species, mainly wild, in which the corolla tube is laterally expanded and 2-winged.

**Case Report**

A 66-year-old horticulturist was observed in November with acute eczema on exposed areas, mainly the hands and forearms, which had started 2 days after cutting flowers of *Dendranthema morifolium* (Ramat) and staying for a few hours in a cemetery, where many graves were decorated with *Dendranthema*. Remission was seen in 1 week on treatment with topical and systemic corticosteroids.

For 10 years, she reported outbreaks of eczema, initially only on areas of direct contact with *Dendranthema*, when she cultivated or cut flowers of these plants, and more recently, spreading to the face and neck. Remaining

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1. Prepared at the Clínica de Dermatologia dos Hospitais da Universidade de Coimbra, according to the method described by Hausen (5).

The main *Dendranthema* allergen is artagasin A (6), but alantolactone (7), chlorochrymor yn and chrysanthemins A and B (8) have also been identified. These positive reactions may be interpreted as cross-reactions (9, 10). Positivity to the mix of sesquiterpene lactones is despite the studies of Green (11), where only 35% of the patients with clinically relevant Compositae allergy had a positive patch test to the lactone mix.

Although our patient reported symptoms immediately on contact with the plant, the negativity of immediate tests to *Dendranthema* did not confirm the suggestion of immediate sensitivity, previously reported by Tanaka et al. (12).

**Acknowledgement**

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**References**

4. Schmidt R J. When is a chrysanthemum dermatitis not a chrysanthemum dermatitis? The case for describing florists' chrysanthemums as *Dendranthema* cultivars. *Contact Dermatitis* 1985; 13: 115–119.

**Diphenhydramine: a forgotten allergen?**

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*Key words: allergic contact dermatitis; antihistamines; diphenhydramine; medicaments; Pellisal-Gel®.* © Munksgaard, 1996.

In the past, antihistamines were widely used in topical medicaments to relieve itching, and also as antiallergics. One of the most popular was diphenhydramine (Benadryl®), even though it caused allergic contact dermatitis (4–6, 8, 10). In the course of time, antihistamines were largely replaced by corticosteroids.

**Case Report**

A 59-year-old woman applied Pellisal-Gel®, a diphenhydramine-containing cream, to an insect bite on her right upper arm. 2 days later, she presented with a vesicular dermatitis on the site of application.

She was first patch tested with the German standard series (Hermal) and Pellisal-Gel® (Table 1), and later with the various components of Pellisal-Gel®, provided by Woelm Pharma, the manufacturer (Table 2), which revealed a ++ reaction to diphenhydramine, possibly a result of previous use of Diabenyl-Gel®, widely prescribed in the former GDR for insect bites and itching dermatoses.

The origin of sensitization to mercury and cetylstearyl alcohol remains unexplained.

**Table 1. Patch test results - standard series (Hermal)**

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<thead>
<tr>
<th></th>
<th>D2</th>
<th>D3</th>
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<tr>
<td>mercury-(II)-amidechloride</td>
<td>1% pet.</td>
<td>++</td>
</tr>
<tr>
<td>cetylstearylalcohol</td>
<td>20% pet.</td>
<td>++</td>
</tr>
<tr>
<td>Pellisal-Gel®</td>
<td>as is</td>
<td>++</td>
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