

Vitamin B-triggered rosacea does not usually respond satisfactorily to standard rosacea treatments, but it does improve rapidly on withdrawal of the offending vitamin or vitamins.

In conclusion, vitamin B derivatives should be considered when analyzing possible pharmacological causes of rosacea onset or exacerbation.

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Sensitization to Methylchloroisothiazolinone-Methylisothiazolinone After a Burn Caused by Massive Accidental Occupational Exposure

Sensibilización a metil-cloro-isotiazolinona/metilisotiazolinona tras quemadura por exposición profesional masiva accidental

To the Editor:

Methylchloroisothiazolinone in conjunction with methylisothiazolinone (MCI/MI) is a preservative and powerful biocide.¹ It is used in the manufacture of cosmetics, paint, glue, and synthetic rubber and to disinfect cooling systems due to its antibacterial properties. It is known to be a potent sensitizer that may lead to the development of allergic contact dermatitis (ACD) among cosmetics users and personnel working in industries where the substance is used.

We present the case of a 27-year-old female chemistry graduate working for a company using cooling tower products. While handling Mefaclen (MCI/MI 3:1, 14% solution in water, 99.9% pure), she accidentally suffered immediate burns accompanied by erythematous-edematous, plaque-type lesions, some with superficial erosions, scattered over exposed areas (upper part of the chest, neck, arms and dorsum of the feet) (Figure 1). Vaseline gauze was applied as the initial treatment. At 120 hours the lesions had deteriorated and new erythematous vesicular lesions that were very itchy appeared in areas untouched by the

product (Figure 2). ACD was suspected and she received oral corticosteroid therapy at a dose of 0.5 mg/kg/d for 7 days and topical 0.05% betamethasone valerate twice a day, with complete resolution of the lesions.

Skin patch testing was performed at 48 hours on the upper back using standard batteries (GEIDAC: Spanish Contact Dermatitis and Skin Allergy Research Group; True test: Mekos laboratories, Denmark; additional allergens from Chemotechniques diagnostics, Sweden) on Finn Chambers patches (Tuusula, Finland) using different dilutions of the same MCI/MI mixture in water.

Readings were taken at 72 hours and 168 hours according to the International Contact Dermatitis Research Group guidelines. The patient had a positive response to the MCI/MI mixture on the standard battery (0.04 mg/cm² in cellulose) on days 3 and 7 (++), to a 0.01% solution (water) on days 3 and 7 (++), to a 0.001% solution (water) on days 3 (+) and 7 (+/-), and to a 0.0001% solution (water) on days 3 (+) and 7 (-).

Sensitization to isothiazolinones can be caused by exposure to small quantities over varying periods of time or by exposure to large quantities, as in the case of chemical burns. Despite the safety measures used in the industry, sensitization to this product is common as it is a potent allergen.²⁻⁴ The majority of occupational cases described in the literature refer to repeated exposure to the product at very low concentrations,^{5,6} although there are cases similar to ours in which sensitization occurred after accidental exposure to large quantities.

Due to increased sensitization to this product in recent decades (in Europe there is an estimated prevalence of 5% in dermatological patients who have undergone patch testing for suspected ACD)⁷, the current concentration recommended for cosmetic products is of 10 to 15 ppm,



Figure 1 Appearance of the skin lesions 48 hours after exposure to MCI/MI.

as this is considered nonallergenic. Despite these minimum quantities being used in industry, sensitization to MCI/MI still occurs; when increased quantities and higher purities are used sensitization occurs more rapidly.

Seventeen cases of sensitization to MCI/MI after accidental burns caused by this product have been described.⁸⁻¹² Christoforou⁸ described one such case in which a car factory worker presented dermatitis within 24 hours after



Figure 2 Appearance of the lesions at 120 hours. The original lesions have deteriorated and new lesions have appeared in previously unaffected areas.

accidental exposure. Kanerva et al⁹ described sensitization in 2 workers who suffered burns after exposure to MCI/MI; within 24 hours these were complicated by allergic reactions. Patch testing was positive for MCI/MI. Other derivatives of isothiazolinone have also been shown to cause sensitization after accidental burns.^{13,14}

Eczematous lesions appeared very rapidly (less than 120 hours) after the chemical burn. In this case, sensitization could have been caused at the time of the burn due to the quantity and purity of the chemical to which she was exposed, or because she had already become sensitized to the product by daily use (although the patient denied having previous skin lesions). Thus, it is impossible to establish when sensitization occurred as no patch tests were performed prior to the time of the burns.

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Primary Melanoma With Multiple Skin Metastases

Melanoma primario con metástasis cutáneas múltiples

To the Editor:

Disseminated skin metastases from melanoma are rare. Several hypotheses in the literature attempt to explain this unusual explosive spread but none is conclusive.¹ It has been suggested that some of the factors involved are adrenocorticotrophic hormone, drug abuse, and metabolic or hormonal disorders.² It is sometimes difficult to distinguish these metastases from multiple primary melanomas and

histology findings of the 2 diseases may overlap, making differential diagnosis impossible.³

We describe the case of a 41-year-old man who came to our clinic because of the sudden appearance of more than 300 pigmented lesions over the previous 2 months (Figure 1). Physical examination revealed the presence of an irregular, heterochromic pigmented lesion of 3 cm in diameter on the left scapula. It had appeared 2 years earlier but the patient had not considered it important. Dermoscopy revealed a lesion with multiple components, with irregular globules at the periphery, and a central blue-white veil (Figure 2). There were no palpable locoregional lymph nodes.

The clinical suspicion of melanoma with multiple skin metastases led us to perform exhaustive laboratory tests, which revealed parameters within normal limits.