Irritant contact dermatitis due to Euphorbia trigona

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Many species of the Euphorbiaceae family can cause contact dermatitis. However, to our knowledge, only one case of contact dermatitis due to *Euphorbia trigona* has been reported in the relevant literature.¹ Here, we report an irritant contact reaction caused by *E. trigona* that was used to treat acne vulgaris.

CASE REPORT

A 22-year-old, otherwise healthy male, presented with acute onset of a rash on the chin associated with a burning sensation. Dermatological examination revealed multiple vesicular lesions on erythematous ground and a few acneiform lesions (Figure 1). The patient had applied the milky sap of a plant to his chin to treat acne vulgaris and the erup-



FIGURE 1 Multiple vesicular lesions on erythematous ground

tion started on the same site nearly 12 hours later. The plant was specified as *E. Trigona Mill* (Figure 2). An open test with the milky sap of the plant confirmed the diagnosis. The sap was applied "as is" to the patient's upper back and left uncovered. The test area was examined after 4, 8, 12, and 24 hours. A vesicular reaction was observed after 8 hours and peaked 12 hours after exposure. The patient was advised to use only a ceramide-containing emollient and the lesions resolved completely within a week.



FIGURE 2 Euphorbia trigona plant

DISCUSSION

The genus Euphorbia is known as one of the largest genera of flowering plants, with almost 2000 species. It is traditionally used to treat skin cancers, actinic keratosis, and digestive system disorders.² Many species of Euphorbia typically have a milky sap that can cause irritant reactions, including *E. helioscopia*, *E. pulcherrima*, *E. marginata*, *E. myrsinites*, and *E. hermentiana*.³⁻⁷ *E. trigona*, known as African milk tree, also produces a milky sap which causes irritant contact dermatitis. Darlenski et al reported a case of dermatitis caused by *Ephorbia trigona* that developed after cleaning the plant and accidental contact with some drops of the sap released when cutting its leaves.¹ In the present case, the patient had used the plant as a "traditional medicine" that is believed to treat acne. *E. trigona* sap has also been reported to cause keratouveitis after application into eyes to relieve itching.⁸ It is strongly recommended that skin and eyes be sufficiently protected when handling Ephorbia plants.

CONFLICTS OF INTERESTS

The authors declare no conflicts of interest.

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An unusual clinical presentation of allergic contact dermatitis to common ivy

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CASE REPORTS

Case 1

A 50-year-old male with no significant medical history apart from contact cheilitis from scented lip balm was referred for investigation of an acute and widespread rash. Two days after outdoor gardening in mid-April in shorts and a T-shirt, he developed an extensive very itchy vesiculo-bullous rash on an infiltrated base affecting arms (mainly wrists), and legs, with some lesions resembling erythema multiforme (Figure 1). No mucosal lesions, fever, or lymphadenopathies were observed. Further history revealed that he had been in contact with common ivy, bamboo, and Virginia jasmine during gardening.

Standard blood tests displayed only a mild eosinophilia at 0.800 G/L with no inflammatory syndrome. Lesional skin biopsy showed typical signs of acute eczema and negative immunofluorescence detection (IFD). Topical steroids rapidly supplemented with oral prednisone 1 mg kg/day led to fast improvement within a few days

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