mechanism of action of salazopyrine is not known but it has an affinity for connective tissue (3). This drug is worth a trial in generalized morphoea which is still evolving.

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Contact Urticaria to Wheat Bran Bath: A Case Report

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Abstract. A patient with atopic dermatitis displayed allergic contact urticaria in response to wheat bran bath. The patient also had a food allergy to wheat products. The role of wheat bran bath as sensitizer is discussed.

Key words: Contact urticaria; Wheat bran bath; Food allergy

Contact urticaria in response to different types of food has been described before (4). This type of contact dermatitis is obviously not rare, but may be masked by other skin lesions, such as allergic contact eczema and atopic dermatitis. The case presented is one of reagin-mediated contact urticaria provoked by wheat bran in an infant with atopic dermatitis.

CASE REPORT

A 14-month-old boy was admitted to the hospital for treatment of atopic dermatitis. The condition had started at 3 months of age, worsening slightly during the first year of life. He was still being breast-fed at 14 months of age. His parents suspected intolerance to cow's milk, the ingestion of which was followed by vomiting. Furthermore, ingestion of green peas caused oedema of the lips. Although allergy to bread was not suspected, his mother noticed that the boy itched intensively when he was in the kitchen while she was baking. She also noted that bathing in wheat bran bath, which was prescribed from about 8 months of age to reduce the itching, caused erythema, wheals and itching after a few minutes. When this reaction started, the boy had been given these baths weekly for about 4 months.

No symptoms from the respiratory tract were observed.

Testing

Provocation. A wheat bran bath was prepared: approx. 200 g wheat bran in a gauze-bag. This was infused for 20 min in about 100 litres of water, before it was wrung out and removed. Provocations were carried out with different water temperatures ranging from 35°C to 20°C. Ordinary baths within the same temperature range served as controls.

Skin testing. Skin prick tests were performed as described by Frosted et al. (2) using histamine-HCl 1 mg/ml as the positive reference. The allergen extracts used were: (*a*) bath water prepared as described above, (*b*) wheat extract from Allergologisk laboratorium A/S, Copenhagen.

Prausnitz-Küstner test (P-K test). This was carried out using a non-allergic volunteer as the recipient of serum from the patient. Three different places on the volar side of the forearm were each infiltrated intradermally with 0.1 ml serum. Skin prick tests with the wheat bran bath water and the wheat extract were carried out in two of the infiltrated areas 6 hours later, whereas the third served as a control. As a control, prick tests with the same allergen extracts were also performed in areas not infiltrated with the boy's serum.

RESULTS

Provocation with wheat bran baths gave a convincing and reproducible reaction. When exposed for 5 min to the water, the patient developed a generalized urticaria, with severe itching. The reaction was restricted to areas exposed and involved skin not affected by the atopic dermatitis. The urticaria and itching abated and disappeared within an hour or two after the exposure. Different temperatures within the range mentioned above did not affect the results. No reaction was seen with ordinary baths.

The skin prick test showed strong (4+) reactions, for both the bran bath and the wheat extract.

P-K tests gave strong (4+) reactions for the bran bath-water and wheat extract, whereas all control areas were negative.

DISCUSSION

On the basis of the positive exposure skin and transfer tests, our patient can be considered as hypersensitive to wheat. Wheat contains various proteins,

including potent allergens which can be the cause of asthma or rhinitis in bakers (1, 3).

The patient developed contact urticaria after exposure to bran bath, which means that allergens from the bran were able to penetrate the skin easily. The positive transfer test is proof of the role of homocytotropic antibodies in this case. According to the history, contact with wheat elicited itching.

Reaction to the ingestion of wheat was a further possibility in this infant. Although no definite history of exacerbation was found after eating bread, we tried a gluten-free diet. During this period the infant's atopic dermatitis was essentially improved and when wheat products were reintroduced in the diet, a subsequent exacerbation was registered. These observations strongly suggest that wheat as a food allergen also elicits an allergic reaction (of the immediate type) in the patient. However, it was difficult to decide whether the repeated bran baths (given since the patient was 8 months old) or possible ingestion (active or by lactation) of wheat was the primary sensitizer.

Furthermore it should be remembered that a certain degree of caution is recommended with regard to the application of bran baths over longer periods of time to children who have multiple food allergies.

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Lymphocytoma Cutis: A Pseudomalignancy Treated with Penicillin

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Abstract. Two patients with severe cutaneous lymphoplasia provoked by traumas from rose twigs are presented. In both cases the histopathological changes were primarily interpreted as being malignant. Both, however, were treated successfully with penicillin.

Key words: Lymphocytoma cutis; Traumatically provoked cutaneous lymphoplasia; Penicillin treatment

Lymphocytoma cutis is an uncommon skin tumour with unknown aetiology and varying clinical and histopathological features (1). Actinic injury, tick-born virus, insect bites and trauma have been incriminated as aetiological factors (1).

Some cases of lymphocytoma cutis can be recognized histologically as unequivocally benign reactive lesions, whereas others—due to considerable density of the infiltrates, presence of atypical mononuclear cells and some mitotic activity—can mimic malignant lymphoreticular tumefactions of the skin to an extent that makes distinction between benign and malignant lesions extremely difficult or even impossible (3, 4, 5).

We present two cases where a severe cutaneous lymphoplasia was attributed to traumas from rose twigs. The histological changes were primarily interpreted as being malignant. Both cases were treated successfully with penicillin.

CASE REPORTS

Case 1

An 80-year-old man was referred to the dermatological department because of a cutaneous infiltrate of the skin.

In November 1975 he was injured on his chin by a rose twig. One month later an inflammatory intumescence appeared. The intumescence varied somewhat in size, but was steadily progressing.