Rosacea Triggered by a Vitamin B Complex Supplement

Rosácea desencadenada por un complejo vitamínico del grupo B

To the Editor:

Rosacea is a chronic inflammatory skin condition that preferentially affects the central area of the face. It is characterized by transient episodes of erythema and inflammatory lesions, mostly in the form of papules and pustules. The underlying pathophysiological mechanisms are not known for certain, but it has been postulated that the main mechanisms might be certain vascular disorders and immune responses to infestation by diverse microorganisms, including Demodex folliculorum. Rosacea has multiple triggers, including food, emotional states, climate, the application of cosmetic and therapeutic products, and the use of certain systemic drugs.

We describe the case of a 38-year-old woman who consulted for an outbreak of edematous, erythematous papules and plaques and isolated pustules on both cheeks. The lesions had appeared approximately 2 weeks earlier.

The patient had no history of acneiform lesions and reported that she was not taking any regular medication and had not recently been exposed to the sun or applied cosmetics or creams to her face. She did, however, mention that the lesions had appeared 5 days after starting a cosmetics or creams to her face. She did, however, mention and had not recently been exposed to the sun or applied reported that she was not taking any regular medication. The lesions had appeared approximately 2 weeks earlier.

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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.

References


Sensitization to Methylchloroisothiazolinone-Methyisothiazolinone 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 methyisothiazolinone (MCI/MI) is a preservative and powerful biocide. 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 (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. The majority of occupational cases described in the literature refer to repeated exposure to the product at very low concentrations, 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), the current concentration recommended for cosmetic products is of 10 to 15 ppm.

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