This case report of a proven sensitivity to Antistine is recorded because of the increasing use of this "antihistaminic" drug and because it adds another substance of known structure and pharmacological properties to the list of those capable of engendering sensitization. Antistine (Phenazoline hydrochloride N-benzyl-N phenyl-aminomethyl-(imidazoline hydrochloride) is most commonly recommended as a .5% solution for use in allergic conjunctivitis.

Sensitization to other antihistaminic drugs have been reported (1, 2, 3, 4, 5) with varied manifestations, usually involving the skin. In this instance the reaction was that of a typical contact type eczematoid dermatitis.

CASE REPORT

Mrs. M. G., a 53 year old white housewife first noted photophobia, diplopia and itching of both eyes in the fall of 1948. She was hospitalized at Hines V. A. Hospital where a study failed to reveal evidence of eye disease. There was a spontaneous remission of symptoms until January 1949, when the above symptoms recurred plus associated erythema, edema, and itching of the eyelids. An ophthalmologist was consulted who prescribed Antistine eye drops. In three or four days the edema and itching disappeared, but reappeared in March, this time also involving the skin of the upper and lower lids bilaterally; she used Antistine eye drops again, but this time there was a marked exacerbation of all symptoms and an extension of the dermatitis and conjunctivitis. Another physician recommended penicillin ophthalmic ointment and an eye wash without improvement. She then presented herself again at Hines Hospital on April 4, 1949 for readmission.

A regime was instituted of cold packs, Antistine eye drops, Privine .25% and Pyribenzamine by mouth. Sodium sulfacetamide and Bacithricin were briefly tried but discontinued because of a violent irritant reaction.

She was referred to the allergy service for consultation on April 11. The diagnosis of a contact dermatitis was now obvious. There was a rather sharply demarcated dermatitis involving the lower forehead, both upper and lower lids, sides of the cheeks and the upper lip, with erythema, edema, vesiculation, crusting and oozing. All medication was stopped excepting cool, wet compresses. In a few days there was a marked improvement.

Patch tests with the available contactant substances, including all medicaments used, cosmetics, and articles of clothing yielded a strongly positive patch test to Antistine after fourteen hours. The reaction was so violent that a large ulcer was formed at the site and a flareup of the original dermatitis was initiated. A second patch with Antistine solution was applied to the forearm and again resulted in a severe reaction and a flareup of the dermatitis around the eyes. The direct immediate intradermal skin test for Antistine was negative. Immediate intradermal skin tests and patch tests for Benadryl, Pyribenzamine, Trimeton, Thephorin, Thenylene, and Histadyl were negative. Intradermal skin tests for all available inhalant substances revealed positive reactions for tobacco, dust, and silk.

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To rule out substances in the vehicle as the responsible excitant, patch tests were done with Antistine crystals. These, too, gave strongly positive reactions. An intradermal skin test with Antistine solution was observed after forty-eight hours, and a strong tuberculin-like reaction was elicited. A passive transfer test using the patient’s serum proved negative for both the immediate and delayed reactions. Some of the patient’s serum was incubated for twenty-four hours with Antistine crystals and this combination used for testing. It produced a negative immediate reaction but a strong positive tuberculin-like delayed reaction. A biopsy of this lesion was interpreted by Dr. Frederick J. Szymanski as follows: “intracellular edema of the epidermis with cellular infiltrate of lymphocytes, eosinophiles, and polymorphonuclear leucocytes—eosinophiles seemed to be the predominating cell. Beneath the edema many dilated blood vessels were found surrounded by a cellular infiltrate”.

Avoidance of Antistine has produced a complete clinical cure.

SUMMARY
A proven case of contact dermatitis due to Antistine is reported.

REFERENCES