

symptoms, including dyspareunia, was achieved. Slight recurrences—about 4–5 times a year—subsided after a few days' treatment with hydrocortisone–enterochinol cream.

COMMENTS

This is the first described vesiculo-bullous disease in the vagina with histological changes suggesting FBCP. The prompt, rapid benefit afforded by local corticosteroid treatment is explained by the extraordinary favourable conditions for resorption through the damaged vaginal mucosa.

The purpose of this paper is not only to point out the possibility of a vaginal localization of FBCP but to encourage histological examination in cases of vaginal complaints combined with dyspareunia refractory to conventional treatment.

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Generalized Morphoea Successfully Treated with Salazopyrine

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Abstract. A patient with active, generalized morphoea was treated successfully with salazopyrine on two occa-

sions. The first time the trunk was involved and most of the skin softened after the drug therapy was started. After salazopyrine was discontinued, morphoea developed on the thighs but recommencement of therapy resulted in complete resolution.

Key words: Generalized morphoea; Active disease; Salazopyrine

Morphoea and scleroderma are resistant to most forms of treatment. There have been reports of these disorders responding to salazopyrine (1, 2), and with this drug we have successfully treated a patient who had generalized morphoea on two occasions.

CASE REPORT

A 60-year-old woman was first seen in June 1979; she had morphoea involving the entire lower half of the trunk, and also sclerodactyly. The morphoea had evolved over 2 years and was still progressing. She had suffered from Raynaud's phenomenon and tightening of the skin of the hands for a similar period. There were no symptoms of internal involvement. A biopsy confirmed the diagnosis of morphoea. A complete blood count, electrocardiogram and serum creatinine were normal and examination for antinuclear factor was negative.

Salazopyrine, 1 g twice a day, was commenced in July 1979. Within one month there was softening of the sclerotic skin of the trunk. The skin continued to improve over the next few months and, when salazopyrine was discontinued in May 1980, only the lowest quarter of the involved skin was still sclerotic although the remainder remained hyperpigmented. There was no change in the sclerodactyly and in fact, bilateral cervical sympathectomies had to be performed for incipient gangrene. Only temporary relief was obtained from the operation.

In October 1980 the patient returned because morphoea had developed on both thighs. Salazopyrine, again 1 g twice daily, was recommenced and the sclerotic skin began to soften within one month. The thighs had returned completely to normal by January 1981 and the drug was again discontinued. There was no change in the sclerodactyly. The drug was well tolerated and there were no side effects apart from mild nausea occasionally.

DISCUSSION

Clinical trials with salazopyrine in sclerotic disorders have had mixed results. Dover reported a good response in patients with progressive systemic sclerosis (2), while Barnett et al. found it to be ineffective (1). Stava et al. reported it to be effective in generalized morphoea which was still evolving, but not in stable morphoea or in systemic sclerosis (3), similar to the response in this patient. The

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 morphea 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.

Präusnitz-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,