

CONTACT DERMATITIS DUE TO SHAVING CREAMS

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Summary

Thirteen cases of contact dermatitis due to shaving creams are being reported to highlight the clinical features, diagnosis and management of this disease.

Contact dermatitis due to shaving creams is one of the principal causes of cosmetic dermatitis in men¹, but the condition is likely to be misdiagnosed if the dermatologist is not aware of this possibility. The present report is meant to highlight the salient features of this disorder, since some patients have been seen to continue to suffer on this account.

Clinical Data

During a period of approximately two years, 13 patients having contact dermatitis due to shaving creams were seen at the Allergy Clinic, All India Institute of Medical Sciences. All the patients were adult males, used to shaving their beards for variable periods before the onset of their symptoms. They were using different commercial brands of shaving creams. The clinical picture generally consisted of itching, erythema, papulo-vesicular and crusted or scaly lesions present all over the beard region including the moustache unless the patient was not shaving the moustache. In some cases, the ear lobules and naso-labial folds were also involved. The dermatitis cleared in all the pati-

ents following discontinuation of further use of shaving creams.

The diagnosis was confirmed in all the cases by patch tests with shaving creams. Each patient was tested with six common commercial brands of shaving creams. Eleven of the 13 patients were hypersensitive to all the six brands, while the remaining two patients were hypersensitive to five brands each. Patch tests with lanoline were negative in all the cases. Three patients were patch tested with sodium alkyl sulphate and sodium lauryl sulphate. Only one patient was found to be hypersensitive to both the substances while the remaining two gave negative results.

Discussion

Contact dermatitis due to shaving creams is most frequently misdiagnosed as sycosis barbae because the lesions of both these diseases are located in the same region. The lesions of sycosis barbae however, consist of erythematous papules or pustules, are located at the hair follicles and occur only in those areas which bear coarse terminal hairs. Contact dermatitis on the other hand, usually manifests as small papules, papulo-vesicles and crusting, the lesions are as a rule non-follicular

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and they may occur on other skin areas such as naso-labial folds, ear lobules, tips of fingers etc. where the shaving cream is likely to get smeared during shaving. Individuals who do not shave their moustache or any part of the beard may not develop lesions in these areas. Improvement in the clinical disease following stoppage of further use of shaving creams supports the diagnosis which can be easily confirmed either by patch tests with shaving creams or if there is a recurrence of the symptoms on use of the shaving cream again. In our experience^{2,3} almost all the patients are allergic to almost all the commercial brands of shaving creams. Therefore, change over from one brand of shaving cream to another does not lead to any improvement. Under these circumstances, the only alternatives with the patient are, (1) to keep a beard, (2) to use an electric shaver, or (3) to shave the beard with water only without using

any shaving cream or soap. The actual constituent agent responsible for contact hypersensitivity has not been determined, but a shaving cream often contains several ingredients⁴, and the fact that most of the patients show positive patch tests with all the shaving creams indicates that the hypersensitivity is developed to a common ingredient.

References

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