

## SHORT COMMUNICATION

### ALLERGIC CONTACT DERMATITIS TO DOXEPIN

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*Doxepin, an oral antidepressant is being used as an antipruritic topically. It is known to cause allergic contact dermatitis. We describe two patients with chronic dermatitis who showed 2+ reaction to doxepin on patch testing. We recommend to include doxepin for patch testing especially in patients with chronic dermatitis.*

*Key Words: Doxepin, Contact dermatitis, Allergy*

#### Introduction

Doxepin, an oral anti-depressant which blocks H1 and H2 receptors is being increasingly used topically as an antipruritic in chronic dermatitis and is especially useful in weaning off topical steroids. Allergic contact dermatitis to doxepin has been reported.<sup>1,2</sup> We describe two patients with chronic dermatitis who showed 2+ reaction to doxepin on patch testing.

#### Case Reports

##### Case No.1

A 68-year-old man had chronic dermatitis of the legs and forearms since 10 years with associated photosensitivity. He had applied various topical steroids in the past. Patch testing done 6 years back with European standard series extended with commonly used medications obtained from Chemotechnique diagnostics, AB

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Seden and with plant series consisting of parthenium, xanthium and chrysanthemum had revealed sensitivities to potassium dichromate, quinoline mix, Balsam of peru, fragrance mix and cresol. Patch testing with steroid series had shown reactions to triamcinolone, hydrocortisone, fluocinolone acetonide, halcinonide and clobetasol propionate. He was given topical betamethasone 17-valerate with which dermatitis was under control for 10 months. Subsequently as he had a recurrence, topical doxepin was advised, 5 months later there was exacerbation of dermatitis. Patch testing with the proprietary doxepin cream, 1% and 5 doxepin in white petrolatum showed a 2+ reaction on day 2 and 3.

##### Case No. 2

A 53-year-old man had had bilateral feet dermatitis since 5 years which had started after an injury to the dorsum of right great toe. There were frequent remissions and exacerbations and he had applied many

topical medications in the past.

Patch testing with European standard series extended with medicaments and cosmetic series revealed sensitivities to amerchol, triethanolamine, hexamine, kathon CG, 2 - benzotriazol, neomycin, gentamicin, framycetin, sodium fusidate, cresol and potassium dichromate. Patch testing with steroid series showed positivities to dexamethasone, triamcinolone acetonide, hydrocortisone, fluocinolone acetonide, clobetasol propionate and halcinonide. In addition 2+ reaction was seen with 1% and 5% doxepin in petrolatum although there was no history of use of topical doxepin in the past.

Patch testing in 8 controls with 1% and 5% doxepin in petrolatum was negative.

### **Discussion**

Both our patients with long standing dermatitis had multiple contact sensitivities with no past history of

having taken oral doxepin. A year's patch test observation revealed doxepin sensitivity in 17 out of 97 patients wherein it had been used for several days to 1 year before testing.<sup>3</sup> The concentration of doxepin used for patch testing has varied from 1%, 2.5% and 5%.<sup>4</sup> It is recommended to include doxepin for patch testing especially in patients with chronic dermatitis.

### **References**

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