

## Kerosene-induced acute irritant dermatitis

### *To the Editor:*

Kerosene is a widely used refined petroleum product. As true for all petroleum distillates, it is a known irritant. Frequently it is blamed for causing chronic irritant dermatitis<sup>1</sup>. However an acute irritant reaction to kerosene, as reported below, is a rare manifestation.

A 24-year-old male patient was referred to us from emergency outdoor. Examination revealed intense vesiculation and erythema over the lower abdomen, anterior thighs and genitalia. History of recent spilling of kerosene (12 hours earlier) over the affected area with intense burning sensation corroborated the clinical diagnosis of acute irritant dermatitis. Dramatic response was seen with ciprofloxacin 500 mg twice daily, cetirizine 10 mg daily and local clobetasol propionate gentamicin cream given for 10 days. Healing occurred with residual hyperpigmentation. Thereafter standard patch test with kerosene was negative.

Irritant dermatitis is caused by direct action of irritant through nonimmunologic mechanisms. Kerosene, by virtue of its fat dissolving property causes such reaction. However, rarity of acute irritant reaction with kerosene is not in accordance with its wide usage. Persons with atopic dermatitis have been shown to have increased susceptibility to develop chronic irritant dermatitis.<sup>2</sup> It is possible that similar factors play a critical role in development of acute irritant dermatitis with chemicals having low irritancy potential like kerosene. It may be equally possible to get such reaction due to impurities and adulteration of other organic sub-

stances in kerosene. Therefore, perhaps only those persons with some genetic predisposition develop overt manifestations. Further studies are recommended in this regard.

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### References

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## Photosensitive lichenoid papular sarcoidosis

### *To the Editor:*

A 45-year-old female presented with mildly pruritic erythematous skin lesions over face, forearms and hands of 3 months duration along with history of dyspnoea for the same duration. The lesions were erythematous lichenoid discrete papules predominantly distributed over photoexposed areas involving face, dorsal aspect of arms, forearms, and hands with sparing of areas covered by clothing. History of marked photosensitivity was present.

General physical and systemic examinations did not reveal any abnormality. Complete blood count, hepatic and renal functions were normal. Serum calcium was 8 mg%. Mantoux test was negative to 5TU. Rheumatoid factor, antinuclear antibodies and LE cells were negative. However, chest x-ray revealed bilateral hilar lymphadenopathy with diffuse bilateral