## ALLERGIC CONTACT DERMATITIS FROM TROMANTADINE

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Ignacio Jáuregui, Iñaki Urrutia, Pedro M. Gamboa, Ignacio Antépara Sección de Alergología. Hospital de Basurto. Bilbao (Spain)

## SUMMARY

Tromantadine is a topical antiviral agent derived from amantadine. In previous reports, 5 % of treated patients developed contact allergy. We report the case of a 28-year-old woman who had a sudden worsening of a lip herpes after treatment with a tromantadine ointment, with strong positive patch testing to this substance. By this paper we want to call attention on the fact that tromantadine is still widely used in several European countries as a second-line therapy for lip herpes, and therefore, new cases of sensitisation to tromantadine are likely to occur.

## **KEY WORDS:**

Allergic Contact Dermatitis. Antiviral agents. Drug Allergy. Tromantadine.

Tromantadine or N-(1-adamanthyl)-2-(2-dimethylamino-athoxy)-acetamide is a topical antiviral agent derived from amantadine, whose mechanism of action depends on impairing the enzyme systems of herpes virus that permit cell penetration (1). Although there are no recent reports on allergy to tromantadine -what might be due to a lesser use of this topical substance in the treatment of lip herpes-, contact allergy to tromantadine has been reported during the last decades (2,3). According to Fanta and Mischer, 5 % (12/240) of treated patients developed contact allergy demonstrated by patch testing (3).

**Case report.** We report the case of a 28-year-old atopic woman, with an antecedent of seafood allergy and suffering from a mild bronchial asthma, that, after treating an episode of *herpes labialis* with a tromantadine ointment (Viruserol, Laboratorios Lácer, Barcelona, Spain) during several days, had a sudden worsening of her lip eruption, with exudative, itchy vesicles over both lips that resolved within one week after withdrawing the ointment. She had also a history of nickel dermatitis, that we think unrelated with the episode.

**Patch testing** with standard series (True-Test, Pharmacia, Uppsala, Sweden) showed a strong positive reaction to nickel sulphate only. The rest of patch testing was as follows:

	<u>48 h.</u>	<u>96 h.</u>
Tromantadine 0.1 % petr.	(++)	(++)
Tromantadine 0.5 % petr.	(++)	(++)
Tromantadine 1 % petr.	(+++)	(+++)
Gel base (Serol) as is	Negative	
Serol components:		
Lactose 3 % petr.	Negative	
Sorbitol 5 % petr.	Negative	
Methylparaben 3 % petr.	Negative	
Sorbic acid 5 % petr.	Negative	
Hydroxiethylcelullose 3 % petr.	Negative	

A total number of seven controls (one of them allergic to nickel) had negative results.

**Discussion.** Before topical acyclovir was marketed for the treatment of *herpes simplex*, other antiviral agents such as 5-iodo-2-desoxyuridine and tromantadine were very often prescribed, and subsequent contact dermatitis was often reported (4). These reports were rare in the recent years. However, by means of this paper we want to call attention on the fact that tromantadine is still used in our country for lip herpes, and therefore, new cases of sensitisation to tromantadine are likely to occur. In this report, a single drying effect of Serol base was conveniently discarded by patch testing to the patient as well as to seven controls with all the components in the formula.

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