

Contact Dermatitis

Volume 59, Issue 3, Pages 173-174

Published Online: 24 Aug 2008

Contact allergy to

benzocaine in a condom

Contact Dermatitis 2008: 59: 173–174 L. Muratore¹, G. Calogiuri², C. Foti^{3,4}, E. Nettis³, E. Di Leo³ and A. Vacca³ ¹Allergy and Clinical Immunology Center, Civil Hospital Vito Fazzi, 73100 Lecce, ²24th Department, Hospital for Pulmonary Disease A. Galateo, 73016 San Cesario di Lecce, Lecce, ³Department of Internal Medicine, Immunology and Infectious Disease, Unit of Allergy and Clinical Immunology and ⁴Department of Dermatology and Venereology, University of Bari, 70124 Bari, Italy

Key words: allergic contact dermatitis; benzocaine; condom; penis.

There are numerous dermatoses affecting the male genitalia including those caused by infection, common skin conditions such as psoriasis and lichen planus (1), fixed drug reactions, contact allergy to rubber chemical accelerators, and by connubial contact (2). We describe an unusual picture of allergy contact dermatitis affecting the penis caused by benzocaine.

Case Story

A 22-year-old non-atopic man, with no relevant past history, presented with recurrent erythematous–oedematous dermatitis of the shaft of the penis, and an associated balanoposthitis. Microbiological investigations and serology were negative. His female partner had noticed the onset of his symptoms a few hours after every sexual intercourse. She never used spermicidal contraceptives but he always used a condom.

Tests for latex protein hypersensitivity were negative. He was patch tested with SIDAPA (Società Italiana di Dermatologia e Allergologia Professionale e Ambientale) baseline series. Patch test readings were made on D2, D3 and D4. At D2, a reaction to the thiuram mix (1% pet.) was recorded as (p) and benzocaine (5% pet.) as (pp); the latter had increased at D4 (ppp).

Discussion

Contact sensitization to thiurams in latex is common (3) and contact dermatitis of penis due to accelerator chemical residues in condoms and condom catheters is described (4). In our patient, his contact allergy to thiurams did correlate with his clinical history. However, we were unable to explain the clinical relevance of his benzocaine contact allergy until he told us that he usually used condoms containing a gel (Settebello Hatu` Durex condoms) to improve his sexual performance. This gel contained benzocaine 5%.

The first case of contact allergy due to benzocaine in a condom was described in 1996 (5) and there have been other reports (6). Allergic contact dermatitis affecting the penis is an unusual clinical problem that may require tact to investigate.

References

1. Buechner S A. Common skin disorders of the penis. *BJU Int* 2002; 90: 498–508.

2. Fisher A A. Condom dermatitis in either partners. *Cutis* 1987; 39: 281–285
3. Nettis E, Colanardi MC, Ferrannini A, Tursi A. Sensitization to rubber additives. *Allergy* 2001; 56: 1018–1020.
4. Harmon C B, Connolly S M, Larson T R. Condom-related allergic contact dermatitis. *J Urol* 1995; 153: 1227–1228.
5. Placucci F, Lorenzi S, LaPlaca M, Vincenti C. Sensitization to benzocaine on a condom. *Contact Dermatitis* 1996; 34: 293.
6. Foti C, Bonamonte D, Antelmi A, Conserva A, Angelini G. Allergic contact dermatitis to condoms: description of a clinical case and analytical review of current literature. *Immunopharm Immunotoxol* 2004; 26: 479–483.

Address:

E. Nettis

Cattedra di Allergologia e Immunologia

Clinica, Padiglione Chini – Policlinico

Piazza Giulio Cesare

11- 70124 Bari

Italy

Tel: 0039 080 5592821

Fax: 0039 080 5593576

e-mail: e.nettis@allergy.uniba.it