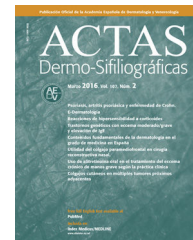




ACTAS Derma-Sifiliográficas

Full English text available at
www.actasdermo.org



COMMENTARIES

Oxybenzone and Solar Filters in General: The Good and the Bad[☆]



Luces y sombras de los filtros solares, específicamente de la oxibenzona

We start by noting that allergic contact photoeczemas are uncommon,¹ and allergic contact photoeczemas caused by components of sunscreens are also rare.² A study by the North American Contact Dermatitis Group found a rate of positive reactions of 0.9% to sunscreen components among 23 000 patients who underwent skin patch and photopatch testing because of suspicion of delayed contact hypersensitivity.³

Although oxybenzone (benzophenone-3 according to the International Nomenclature of Cosmetic Ingredients) has been listed for more than 20 years among products that absorb ultraviolet radiation and that are allergenic or photoallergenic, reactions to this compound were uncommon.⁴

In recent years, however, the frequency of oxybenzone reactions has increased to the point that it is now the main allergen or photoallergen in sunscreens,³ and it was named allergen of the year in 2014 by the North American Contact Dermatitis Group.⁵ The frequent cross-reactions between benzophenones and other common photoallergens such as ketoprofen, fenofibrate, and octocrylene are also cause for much concern.⁶

Little has been published on allergies or photoallergies to oxybenzone in Spain.⁷ However, in cases detected by the Spanish Photobiology Group, sunscreens were the second cause of allergic contact photosensitivity (10 of 103 positive results) after nonsteroidal antiinflammatory drugs. Of all sunscreen components, benzophenone-3 was the one responsible for most positive results in 2006 (5 of 103 positive results).⁸

In this issue of the journal, Russo et al.⁹ provide new information that points to oxybenzone as the main cause of allergic contact eczemas and photoeczemas in La Plata, Argentina.

Benzophenone-3 is, in contrast, an uncommon cause of contact urticaria induced by cosmetic components.¹⁰

In addition to adverse cutaneous effects, the presence of these products in urine and breast milk, contamination of fresh water, and transformation to other even more toxic products in chlorinated water and possible hormonal disruption are of great concern to toxicologists.¹¹

Sunscreens are an essential part of the prevention and treatment of skin diseases, but like other interventions, they are not devoid of adverse effects.

References

1. Darvay A, White IR, Rycroft RJ, Jones AB, Hawk JL, McFadden JP. Photoallergic contact dermatitis is uncommon. *Br J Dermatol.* 2001;145:597–601.
2. Beleznyay K, de Gannes G, Kalia S. Analysis of the prevalence of allergic contact dermatitis to sunscreen: A cohort study. *J Cutan Med Surg.* 2014;18:15–9.
3. Warshaw EM, Wang MZ, Maibach HI, Belsito DV, Zug KA, Taylor JS, et al. Patch test reactions associated with sunscreen products and the importance of testing to an expanded series: Retrospective analysis of North American Contact Dermatitis Group data, 2001 to 2010. *Dermatitis.* 2013;24:176–82.
4. Schauder S, Ippen H. Contact and photocontact sensitivity to sunscreens. Review of a 15-year experience and of the literature. *Contact Dermatitis.* 1997;37:221–32.
5. Heurung AR, Raju SI, Warshaw EM. Contact allergen of the year - Benzophenones. *Dermatitis.* 2014;25:3–10.
6. Gilaberte Y, Carrascosa JM. Sun protection in children: Realities and challenges. *Actas Dermosifiliogr.* 2014;105:253–62.
7. Aguirre A, Izu R, Gardeazabal J, Gil N, Díaz Pérez JL. Allergic contact cheilitis from a lipstick containing oxybenzone. *Contact Dermatitis.* 1992;27:267–8.
8. de la Cuadra-Oyanguren J, Pérez-Ferriols A, Lecha-Carretero M, Giménez-Arnau AM, Fernández-Redondo V, Ortiz de Frutos FJ, et al. Resultados y evaluación del fotoparche en España: hacia una nueva batería estándar de fotoalergenos. *Actas Dermosifiliogr.* 2007;98:96–101.
9. Russo JP, Ipiña A, Palazzolo JF, Cannavó AB, Piacentini RD, Niklasson B. Dermatitis por contacto fotoalérgica a protectores solares con oxibenzona en La Plata, Argentina. *Actas Dermosifiliograf.* 2018;109:521–8.
10. Verhulst L, Goossens A. Cosmetic components causing contact urticaria: A review and update. *Contact Dermatitis.* 2016;75:333–44.
11. DiNardo JC, Downs CA. Dermatological and environmental toxicological impact of the sunscreen ingredient oxybenzone/benzophenone-3. *J Cosmet Dermatol.* 2018;17:15–19.

DOI of original article:

<https://doi.org/10.1016/j.adengl.2018.05.010>

[☆] Please cite this article as: Ortiz de Frutos FJ. Luces y sombras de los filtros solares, específicamente de la oxibenzona. *Actas Dermosifiliogr.* 2018;109:468–469.

F.J. Ortiz de Frutos

Servicio de Dermatología, Hospital Universitario 12 de Octubre, Madrid, España

E-mail address: javierortiz@aedv.es

1578-2190/

© 2018 Elsevier España, S.L.U. and AEDV. Published by Elsevier España, S.L.U. All rights reserved.

Oral Azithromycin: A Treatment Option for Papulopustular Rosacea[☆]



Azitromicina oral. Una opción en el manejo de la rosácea papulopustulosa

Despite the emergence of new drugs for the topical treatment of rosacea in recent years and the existence of a wide range of dermocosmetic products, no major advances have been made in the systemic treatment of this disease in several decades. Accordingly, many patients, and particularly those with more severe forms of rosacea, have difficulty achieving good disease control. Considering that rosacea is a common disease and can have a psychological impact on patients, we need to explore new treatment alternatives.

The use of azithromycin in rosacea is recent, even though this antibiotic has been on the market for over 20 years.¹ As is often the case with dermatological disorders, there is a shortage of well-designed studies for clarifying the efficacy of azithromycin in rosacea and establishing optimal treatment regimens. Accordingly, initiatives like the present study are very welcome.

Azithromycin has a good safety profile and can also be used during pregnancy.² It is therefore an interesting option to consider in the management of rosacea. We hope that this study provides an impetus for further improvements in this disease.

References

1. Akhyani M, Ehsani AH, Ghiasi M, Jafari AK. Comparison of efficacy of azithromycin vs doxycycline in the treatment of rosacea: A randomized open clinical trial. *Int J Dermatol.* 2008;47:284–8.
2. Fuentelsaz V, Ara M, Corredera C, Lezcano V, Juberias P, Carapeto FJ. Rosacea fulminans in pregnancy: Successful treatment with azithromycin. *Clin Exp Dermatol.* 2011;36:674–6.

M. Blanesblanes_marmar@gva.es

Servicio de Dermatología, Hospital General Universitario de Alicante, Alicante, España

1578-2190/

© 2018 Elsevier España, S.L.U. and AEDV. Published by Elsevier España, S.L.U. All rights reserved.

DOI of refers to article:

<https://doi.org/10.1016/j.adengl.2018.05.015>

[☆] Please cite this article as: Blanes M. Azitromicina oral. Una opción en el manejo de la rosácea papulopustulosa. *Actas Dermosifiliogr.* 2018;109:469.