in 2004 and 2005. The highest number of positive reactions was seen with ketoprofen (45 cases). Promethazine occupied sixth place with 7 cases, although in none of them were the reactions considered relevant. In our experience, of the 48 photopatch tests done in the Dermatology Department of Hospital 12 de Octubre in Madrid between 1999 and 2005, 5 cases were positive for promethazine, 4 of them of unknown relevance and considered to be the result of phototoxicity.

In addition to photosensitization to promethazine, our patient developed allergic contact eczema to wool alcohols, an excipient ingredient in Phenergan cream. We found only 1 article on an excipient ingredient in Phenergan allergic contact eczema to wool alcohols, promethazine, our patient developed be the result of phototoxicity.

In summary, in terms of delayed reactions to Phenergan cream, cases of photosensitive eczema due to promethazine considered to have current relevance are uncommon, and no cases have been found in which this diagnosis was associated with allergic contact eczema caused by the excipient ingredients of Phenergan cream.

References

Unilateral Contact Dermatitis Caused by Footwear

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To the Editor:
Contact dermatitis caused by footwear is usually bilateral. It generally starts on the dorsum of the fifth toe and gradually extends to the dorsum of the foot, sparing the interdigital folds. Potassium dichromate is the most frequent allergen. We report the case of a patient diagnosed with dermatitis caused by contact with shoe dye on 1 foot who was initially wrongly diagnosed with dermatitis artefacta.

The patient was a 64-year-old woman who consulted with an outbreak of blisters that had begun 1 month earlier and that was evenly distributed along the lateral aspects of her right foot (Figure 1). Examination revealed 2 flaccid blisters on the side of the foot resting on an erythematous base and a linear erythema on the dorsum of the foot. Residual lesions were also present. The other foot was not affected and the rest of the skin was spared. A first possible diagnosis was thought to be contact eczema, although it was strange that this did not affect both feet. The patient was taking cinitapride, domperidone, and diazepam; her basic medication was suspended but the blisters remained. Dermatitis artefacta was also considered in the differential diagnosis. The patient had been receiving psychiatric treatment for anxiety-depression syndrome for many years. We insisted that it was strange that the lesions only affected the right foot and, during the following visit, she presented with erythema and vesiculation on the left foot that had begun a few hours earlier, and with distant lesions on her chest; furthermore, the right foot was now free of lesions for the first time. A biopsy was performed and histopathology revealed characteristics typical of acute eczema.

The patient eventually noticed that the lesions were related to the use of shoes that had been dyed 2 months previously. The dye had stained the internal sides of the right shoe (Figure 2), exactly where the blisters had

Figure 1. Blisters on the lateral aspects of the right foot with linear erythema on the dorsum of the foot. Residual lesions were also observed. No lesions were apparent on the other foot.
Two Cases of Hypertrichosis Cubiti

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To the editor:

Hypertrichosis cubiti, also known as hairy elbows syndrome, is an uncommon form of localized congenital hypertrichosis in which an excessive amount of long, fine, lanugo-type hair is found on skin of normal texture and morphology. The hair growth follows a bilateral symmetrical distribution and affects the extensor surface of the distal third of the upper arms and the proximal region of the forearms. The condition usually appears...