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IMAGES IN PAEDIATRICS.....

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Phytophotodermatitis

A 6 year old boy presented to the accident and emergency department with sunburn and widespread blistering lesions on his hands, lower arms, legs, back, and trunk (see fig 1). There was complete sparing of the area covered by his shorts and shoes. The lesions were not particularly itchy and he was afebrile and otherwise well. Four hours previously he had been swimming in a local lake and playing in the undergrowth beside it.

A diagnosis of phytophotodermatitis, probably caused by contact with giant hogweed, was made. The blistering settled well with a course of oral prednisolone and topical steroid ointment, leaving areas of hyperpigmentation. Of note to paediatricians are cases where phytophotodermatitis has been mistaken for child abuse.^{1 2}

Plants have been known to cause hyperpigmentation for thousands of years, but the term “phytophotodermatitis”, emphasising the need for both plants and light to cause the reaction, was only introduced in 1942.³ Psoralen

isomers called furocoumarins, found in a wide range of plants such as bergamot, citrus fruits, parsnips, and species of Umbelliferae (celery, cow parsley, and giant hogweed), form phototoxic compounds on exposure to UV-A radiation.⁴ This leads to damage to epidermal cells resulting in erythema, blistering, and hyperpigmentation. The discovery

Figure 1 Blistering on left hand. Consent was obtained for publication of this figure.

of this phenomenon led to development of photomedicine, which established the therapeutic effectiveness of psoralens in combination with high intensity UV irradiation. PUVA is currently used in the treatment of severe psoriasis, mycosis fungoides, and other skin diseases.⁵

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