



HAL
open science

Fixed food eruption to *Moringa oleifera*

Emmanuelle Amsler, Thibault Mahevas, Angele Soria, Annick Barbaud

► **To cite this version:**

Emmanuelle Amsler, Thibault Mahevas, Angele Soria, Annick Barbaud. Fixed food eruption to *Moringa oleifera*. Contact Dermatitis, 2023, 89 (4), pp.301-302. 10.1111/cod.14383 . hal-04258228

HAL Id: hal-04258228

<https://hal.sorbonne-universite.fr/hal-04258228v1>

Submitted on 25 Oct 2023

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

8. Coles C, Javed MU, Hemington Gorse S, Nguyen D. Paediatric burns secondary to nail adhesives: a case series. *Burns Trauma*. 2016;4:17.
9. Carvalho C, Marinho AS, Barbosa-Sequeira J, et al. Pediatric burns with cyanoacrylate glue: an inconspicuous danger. *J Burn Care Res*. 2021;42:1047-1049.
10. Aalto-Korte K, Henriks-Eckerman ML, Kuuliala O, Jolanki R. Occupational methacrylate and acrylate allergy—cross-reactions and possible screening allergens. *Contact Dermatitis*. 2010;63:301-312.
11. Gatica-Ortega ME, Pastor-Nieto MA. The present and future burden of contact dermatitis from acrylates in manicure. *Curr Treat Options Allergy*. 2020;7:291-311.

How to cite this article: Quaade AS, Simonsen AB. The bitter side of nail art: A teenage girl's encounter with (meth)acrylate-induced allergic contact dermatitis from nail glue. *Contact Dermatitis*. 2023;89(4):299-301. doi:10.1111/cod.14382

Fixed food eruption to *Moringa oleifera*

Emmanuelle Amsler¹  | Thibault Mahevas²  | Angele Soria^{1,3}  | Annick Barbaud^{1,4} 

¹Médecine Sorbonne Université, Service de dermatologie et d'allergologie, Hôpital Tenon, Assistance Publique des Hôpitaux de Paris (AP-HP), Hôpital Tenon, AP-HP, Paris, France

²Service de dermatologie, Hôpital Saint Louis, Paris, France

³Cimi-Paris, INSERM 1135, Paris, France

⁴INSERM, Institut Pierre Louis d'Epidémiologie et de Santé Publique, AP-HP Sorbonne Université, Paris, France

Correspondence

Emmanuelle Amsler, Médecine Sorbonne Université, Service de dermatologie et d'allergologie, Hôpital Tenon, Assistance Publique des Hôpitaux de Paris (AP-HP), Hôpital Tenon, AP-HP, Paris, France.

Email: emmanuelle.amsler@aphp.fr

KEY WORDS: case report, fixed food eruption, *Moringa oleifera*, patch tests

Fixed drug eruption is characterized by recurrent, well-circumscribed, erythematous patches that arise at the same site as a result of systemic drug exposure. Since the first report in 1996, some cases were published related to food, beverage with quinine-based drinks or plant intake and called 'fixed food eruption' (FFE).¹ We report a case of FFE to *Moringa oleifera* with positive rechallenge.

CASE REPORT

A 60-year-old woman with a background of asthma reported five flares of well-demarcated erythematous infiltrated macules on her trunk mostly and face. The lesions always relapsed in the same location. The first flare-ups did not result in residual pigmentation. The last flare-ups were more intense, with bullous lesions affecting the face. Histological examination of one recent lesion was compatible with a fixed drug eruption. There was no intermittent use of medication to explain the lesions. The patient herself suspected the *M. oleifera* powder (Isvari, Portugal) she occasionally ingested (Figure 1), and decided

to reintroduce the product, which led to a new flare-up 8 h later (Figure 2).

The in situ patch test (IQ Ultra® Chambers, Chemotechnique MB Diagnostics, Vellinge, Sweden) performed on skin previously affected



FIGURE 1 *Moringa oleifera* powder used by the woman.



FIGURE 2 Flare of fixed food eruption.

with *M. oleifera* powder diluted at 30% in petrolatum, occlusion time 48 h remained negative on Day 2 and Day 4. No repeated in situ open application test was performed.

DISCUSSION

Moringa oleifera Lam., also called “the miracle tree” belongs to the Moringaceae family. It is a tropical tree of the south of the Himalayan area of India. The extracts from *M. oleifera* have a large variety of nutraceutical or pharmacological functions.² *Moringa oleifera* leaves, seeds, bark, roots, sap and flowers are widely used in traditional medicine, and the leaves and immature seed pods are used as human food products.

There have been a few cases of allergic reaction to *M. oleifera* in the literature: a FFE with positive rechallenge,³ a Stevens–Johnson syndrome without skin tests performed but which experienced two flare-ups,⁴ a case of anaphylaxis after consuming the leaves with a positive prick test⁵ and a case of occupational asthma.⁶ In our case, the positive self-challenge confirmed the diagnosis of *M. oleifera* FFE, despite the negative in situ patch-test.

The popularity of natural products, most often considered harmless by patients and therefore not reported, should prompt clinicians to broaden the police investigation of a fixed drug eruption to look not only for the intake of drugs, but also for

the intake of food, quinine-based beverages and dietary supplements.

AUTHOR CONTRIBUTIONS

Emmanuelle Amsler: Conceptualization; investigation; writing – original draft; validation; writing – review and editing. **Thibault Mahevas:** Validation; writing – review and editing. **Angele Soria:** Validation; writing – review and editing. **Annick Barbaud:** Validation; writing – review and editing.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ORCID

Emmanuelle Amsler  <https://orcid.org/0000-0001-5011-8056>

Thibault Mahevas  <https://orcid.org/0000-0001-5951-1831>

Angele Soria  <https://orcid.org/0000-0002-8726-6658>

Annick Barbaud  <https://orcid.org/0000-0001-8889-1589>

REFERENCES

1. Raison-Peyron N. “Cutaneous adverse drug reactions” are not always drug induced. *Eur J Dermatol.* 2013;23(4):439-442.
2. Kou X, Li B, Olayanju JB, Drake JM, Chen N. Nutraceutical or pharmacological potential of *Moringa oleifera* Lam. *Nutrients.* 2018; 10(3):343.
3. Tapsoba G, Ouédraogo NA, Ouédraogo S, et al. Erythème pigmenté fixe dû aux graines de *Moringa oleifera*. *Rev Fr Allergol.* 2022;62(8): 726-727.
4. Witharana E, Wijetunga W, Wijesinghe S. Stevens–Johnson syndrome (SJS) following murunga leaf (*Moringa oleifera*) consumption. *Ceylon Med J.* 2018;63(4):188-189.
5. Omarjee B, Grégoire-Krikorian B. Allergie alimentaire au névérdier (*Moringa oleifera*), à propos d'un cas d'anaphylaxie aux feuilles. *Rev Fr Allergol.* 2017;57(3):226.
6. Poussel M, Penven E, Richard C, Jacquenet S, Chabot F, Paris C. Occupational asthma to “the miracle tree” (*Moringa oleifera*): first description. *J Allergy Clin Immunol Pract.* 2015; 3(5):813-814.

How to cite this article: Amsler E, Mahevas T, Soria A, Barbaud A. Fixed food eruption to *Moringa oleifera*. *Contact Dermatitis.* 2023;89(4):301-302. doi:10.1111/cod.14383