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Fixed food eruption to *Moringa oleifera*

Emmanuelle Amsler[1] | **Thibault Mahevas**[2] | **Angele Soria**[1,3] | **Annick Barbaud**[1,4]

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

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

[3]Cimi-Paris, INSERM 1135, Paris, France

[4]INSERM, 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 Hôpitauxde Paris (AP-HP), Hôpital Tenon, AP-HP, Paris, France.
Email: emmanuelle.amsler@aphp.fr

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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 women 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 (Iswari, 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.

Written consent for permission to publish was obtained from the patient reported.

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 test[5] 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

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