Olaquindox-Induced Persistent Light Reaction Treated by Escherichia coli Filtrate (Colibiogene®)

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Olaquindox is an antibiotic substance widely used as a food additive in piglet feeding. We describe a patient showing a persistent light reaction caused by olaquindox, successfully treated with an Escherichia coli filtrate (Colibiogene®).

A 63-year-old farmer had suffered from eczema on light-exposed areas for 3 years. His work consisted in cheese production and piglet farming, using so-called ‘medicated food’.

Patch tests with Trolab allergens (Hermal Kurt Herrmann) were performed according to the recommendations of the International Contact Dermatitis Research Group, testing standard series, antimicrobials and preservatives, vehicles and emulsifiers, medicaments and piglet food components, including olaquindox.

There was a positive reaction to the ola-quindox-containing food and olaquindox itself, aggravated by UV exposure in the photo patch test. There was also a diminished UV tolerance especially to UVA with erythema even at the lowest dose of 1.5 J/nr, consistent with the diagnosis of a persistent light reac-

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In this situation, besides avoidance of the allergen, sun screens and steroids are often insufficient for a successful treatment. More aggressive treatments like azathioprine or PUVA are often required.

Before using one of these treatments, we tried a more experimental treatment with the E. coli filtrate Colibiogene, reported by Przy-billa et al. [7] in the prevention of polymorphous light reaction. It was administered in a dose of 5 ml/day p.o. for 6 weeks, combined with a sun blocker locally. During this time, the lesions cleared nearly completely, while the markedly diminished UVA tolerance persisted.
The exact role of the E. coli filtrate in the clearing of the skin lesions is difficult to estimate. The total avoidance of the allergen and the less powerful sun exposure in fall and winter are certainly other important factors leading to this striking and rapid improvement. Regarding the inoffensiveness of this treatment we nevertheless suggest a trial with the E. coli filtrate before recurring to more aggressive treatment modalities of a persistent light reaction.

References