CLINICAL PRACTICE

Clinical Images

The Art in Dermatitis

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A 32-year-old healthy Somali-American woman presented with one week of a pruritic papular rash over the dorsum of both hands. The rash appeared 7 days after her first henna application. There were no other new skin products identified. She was diagnosed with henna-induced allergic contact dermatitis and treated with a high potency topical corticosteroid and antihistamines with resolution of the lesions.

Henna is a plant native to Africa and southern Asia and is commonly used to dye skin and hair. Pure henna as a dyeing agent rarely causes skin sensitization.

However, paraphenylenediamine (PPD) is often added to henna to speed drying and darken the dye. The addition of PPD to henna tattoo mixtures is increasingly being recognized as a cause of allergic contact dermatitis. Treatment consists of topical corticosteroids with or without antihistamines. In severe cases, systemic corticosteroids may be warranted. Post-inflammatory hyperpigmentation may occur following the resolution of the dermatitis.

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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