Psoralea corylifolia

Phytophotodermatitis: case report

A 32-year-old woman developed phytophotodermatitis following treatment with *Psoralea corylifolia* oil for vitiligo in United Kingdom [dosages not stated].

The woman, who was diagnosed with Fitzpatrick skin type II, presented with mixed depth burns, which covered 4% of the total body surface area following a sunbathing. Her anamnesis revealed that she had been diagnosed with vitiligo 10 years ago and had been unsuccessfully treated with unspecified corticosteroids at the time of diagnosis. She had used herbal medications including topical *Psoralea corylifolia* [Babchi] oil and oral *Psoralea corylifolia* [Herbal Aid Babchi] capsules at fluctuating doses. She reported that she had not taken any oral herbal medication since 8 months prior to presentation due to interrupted supply chain because of COVID-19 pandemic. On the day of presentation to the regional burns unit, she had applied topical *Psoralea corylifolia* [Bioline Babchi] oil to the vitiliginous skin on her groins, chest, axillae, wrists and popliteal areas along with small amount on the lips. She then sunbathed at 23° heat for approximately 1 hour and 45 minutes on a clear and sunny day in London, without any UV protection. Her past topical *Psoralea corylifolia* preparations were different brand and not this particular brand, which was of stronger concentration. She developed severe pain and erythema of the chest, with blistering at the application sites predominantly on the groin and axillae in the next few hours after application. On examination, she was well, but was in severe pain. There were flaccid blisters of different sizes with underlying generalised erythema in the inguinal region, axillae and popliteal fossae. There was sharp demarcation noted with sparing of the genitals and suprapubic area which had been covered by her clothing during the UV exposure. A diagnosis of phytophotodermatitis secondary to *Psoralea corylifolia* was made [*duration of treatment to reaction onset not stated*].

The woman underwent blister de-roofing and wound cleaning. The wounds were dressed with silver sulphadiazine [Flamazine] and silver-coated antimicrobial dressings [Acticoat]. Betamethasone valerate [Betnovate] ointment was applied to reduce the surrounding inflammation. She was discharged with outpatient dressing changes 48 hours later [*outcome not stated*].

Faulkner J, et al. Babchi oil-induced phytophotodermatitis mimicking burn injury. JPRAS Open 27: 23-26, Mar 2021. Available from: URL: http://doi.org/10.1016/ j.jpra.2020.11.003

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