An unusual garlic burn occurring on an unexpected area

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DESCRIPTION

A 24-year-old otherwise healthy woman presented with an itchy, burning, erythematous lesion located over her neck. She had applied crushed raw garlic over her neck for about 5 h following a sore throat. On dermatological examination an erythematous demarcated area with eruption, patchy squamous and vesicular lesions were present over the submandibular region (figure 1). On the basis of history and clinical examination, the patient was diagnosed with garlic burn.

Garlic (*Allium sativum*) has traditionally been used for several disorders since 3000 BC. Applying crushed garlic bulbs to the site of pain with a bandage is still a frequent routine to soothe local pain in eastern cultures.¹ Its application over the neck, however, is an extremely rare condition.

Depending on the concentration, freshness, duration of exposure, anatomic area of application and individual reactivity, garlic application may either lead to contact dermatitis (erythema and blisters) or may occasionally cause a deeper 'chemical' burn² as was the case in our patient. The treatment of garlic-related burns involves the use of topical antibiotics, steroid ointments and cool compress application.³

The lesions totally healed within 1 week of combined therapy with topical antibiotic, steroid and antihistaminic ointments. Clinicians should enquire about naturopathic medicines when obtaining medical history and should be aware of the possible adverse side effects or interactions related to their usage.

Learning points

- ▶ Searching naturopathic remedy with fibrinolytic activity among patients, with the clinic, of contact dermatitis or chemical burns may provide valuable contributions.
- ▶ Garlic is a commonly used naturopathic remedy but patients should be informed about its misuse complications.
- ▶ Clinicians should enquire about naturopathic medicines when obtaining medical history.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 Erythematous, patchy squamous and vesicular lesions over the submandibular region.

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