- 15 Fuchs HA, Callahan LF, Kaye JJ, Brooks RH, Nance EP, Pincus T. Radiographic and joint count findings of the hand in rheumatoid arthritis. Related and unrelated findings. Arthritis Rheum 1988;31:44–51.
- 16 Spiegel TM, Spiegel JS, Paulus HE. The joint alignment and motion scale: a simple measure of joint deformity in patients with rheumatoid arthritis. J Rheumatol 1987;14: 887–92
- 17 Highton J, Markham V, Doyle TCA, Davidson PL. Clinical characteristics of an anatomical hand index measured in patients with rheumatoid arthritis as a potential outcome measure. Rheumatology 2005;44:651–5.
- 18 Yoshida M, Belt EA, Kaarela K, Kauppi MJ, Shimamura T. Prevalence of mutilans-like hand deformities in patients with seropositive rheumatoid arthritis. A prospective 20-year study. Scand J Rheumatol 1999;28:38–40.

Clinical Vignette

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Phytophotodermatitis due to *Ruta graveolens* prescribed for fibromyalgia

A 48-year-old female with FM presented with extensive 'burns' that appeared after exposure to the sun following previous application of an infusion of *Ruta graveolens*, recommended by her physician to relieve pain. Clinical examination revealed erythema and oedema with tense vesicles and blisters grouped in the centre and lateral areas of her back (Fig. 1A). There were no lesions on the area covered by the bathing suit or on the anterior torso, which had not been exposed to the sun. The patient was prescribed treatment with oral antibiotics, corticoids, analgesics and local healing with antibiotic ointment. At 2 weeks, the clinical symptoms had resolved, leaving extensive residual hyperpigmented areas (Fig. 1B).

Ruta graveolens is a bush that is native to the Mediterranean area but distributed worldwide as a cultivated plant and used in popular medicine to treat various rheumatological and skin diseases. It contains various photosensitizing substances (furocoumarins), which are excited by ultraviolet radiation type A via a phototoxic [1] mechanism, inducing the formation of reactive oxygen species that damage epidermal, dermal and endothelial cells. The application of a high concentration of rue infusion and subsequent sun exposure causes the acute onset of symptoms, since furocoumarins are fat soluble and penetrate more readily if the skin is humid.

FM is a common syndrome with no effective treatment, and many patients report to have used one or more alternative treatments that are not exempted from adverse events. Patients should be warned of this type of reaction by their homeopathic doctors.

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Fig. 1. (A) Erythema and oedema with tense vesicles and blisters grouped in the centre and lateral areas of patient's back. (B) Extensive residual hyperpigmented areas after 2 weeks.

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1 Eickhorst K, DeLeo V, Csaposs J. Rue the herb: Ruta graveolens-associated phytophototoxicity. Dermatitis 2007;18:52-5.