

Soccer Player With Sun Allergy

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HISTORY: A 17 years old female soccer player presented at pre-participation physical examination (PPE) to receive clearance to play. On the questionnaire, she admitted to having a “sun allergy” that began as red papules on sun-exposed areas with a sensation of “closing off” her throat in the past. Although she had never experienced a true anaphylaxis, she voiced being unable to stay out in the sun for a long time. She denied any known environmental, food or drug allergies and did not have other past medical, surgical or family history of any disease or condition.

PHYSICAL EXAMINATION: Thorough examination revealed pink and moist mucosa; no rashes, scars, lesions, hives or signs of scratching; normal cardiopulmonary auscultations, upstroke and symmetric pulses; grossly intact cranial nerves without focal finding, normal sensory and motor exam with full range of motion of all joints without effusion, erythema, warmth, nodules or tenderness to palpation.

DIFFERENTIAL DIAGNOSIS:

1. Polymorphous Light Eruption (PMLE)
2. Solar Urticaria
3. Lupus Erythematosus
4. Chronic Actinic Dermatitis
5. Erythropoietic Porphyria

TESTS AND RESULTS:

Evaluation by dermatologist revealed normal CBC, CMP with negative ANA, SS-A, SS-B as well as normal urine and blood porphyrin levels.

FINAL DIAGNOSIS:

Based on clinical picture and laboratory findings, she was diagnosed with PMLE by her dermatologist.

TREATMENT AND OUTCOMES:

She was started and remained asymptomatic on oral prednisone, Hydroxychloroquine, beta-carotene and antihistamines. She was cleared to play soccer and was further advised to use prophylactic measures such as applying frequent broad-spectrum sunscreens with high sun protection factor (SPF) values, protective clothing, and to avoid ultraviolet exposure from other sources such as tanning beds, black lights and germicidal lights.

Statement of disclosure:

Authors have no disclosures.