

# Mango Dermatitis PHC Remote Scheduled Substance Treatment Protocol

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	N/A
<b>Document Owner</b>	Kerrie Simpson Atlas Development Officer Primary Health Care Remote CAHS
<b>Approval Authority</b>	Refer to Policy Guideline Centre Chief Health Officer
<b>Author</b>	PHC Quality & Safety Team

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

## Purpose

To guide clinical practice for Primary Health Care remote staff regarding the management of mango dermatitis.

## Guideline

### Preface

Mango rash is a form of contact dermatitis which is caused by an allergy to a group of compounds found mostly in the sap, and to a lesser extent, the skin, stem and leaves of the mango fruit, called resorcinol, most commonly urushiol. Most people, who are allergic to the sap, won't be allergic to the pulp of the fruit because the pulp contains a different allergen, but there have been rare instances of people allergic to both the sap and pulp.

The mango fruit contains a small amount of sap at high pressure near the stem. When the fruit is picked with the stem broken off at the fruit rather than leaving a stump, this sap can squirt out up to three metres distance. Usually two to three days later a marked reaction occurs including itch, redness and swelling.

The presentation of the swelling or rash, is usually distinctly patterned according to the spray from the sap, and is confined to those areas of the body that come into immediate contact with the sap – i.e. the upper body, face and hands.

The rash can vary from a mild irritation to severe reactions such as intense burning and blistering of affected areas.

### What to look for?

The parts of the body most commonly affected by contact with the sap include the face & eyes, head, neck, upper body, hands and arms.

### Check for:

- History – ask the person what happened (if not definitely linked to contact with mango sap in the last 72 hours, then use of this protocol no longer applies. **Medical consult** required)

- Check all areas of skin affected for: Redness, pain, burning, blisters, itch, swelling - typically localised in a pattern of spray from the sap
- Eye irritation / burning – if eyes or eyelids are affected, **medical consult**

## Mild Reaction

A mild reaction manifests as mild redness, itch and minor discomfort. If left untreated the rash can remain for several weeks

### Do

- Wash affected areas with cetomacrogol (sorbolene) cream, checking for other areas which may have been affected.
- Apply hydrocortisone 1% cream liberally to affected areas morning and night for 5-7 days
- Apply sterile paraffin ointment to area if itchy/uncomfortable during the day

## Moderate reaction

A moderate reaction manifests as redness, burning/pain and some swelling.

### Do

- Wash affected areas with cetomacrogol (sorbolene) cream, checking for other areas which may have been affected.
- For all children, **medical consult** is required
- Apply mometasone furoate 0.1% ointment liberally to affected areas morning and night for 5-7 days
- Apply sterile paraffin ointment to area if itchy/uncomfortable during the day

## Severe reaction

A severe reaction manifests as severe redness, severe burning/pain, blistering, or significant swelling.

### Do

- Wash affected areas with cetomacrogol (sorbolene) cream, checking for other areas which may have been affected.
- For all children, **medical consult** is required
- Apply mometasone furoate 0.1% ointment liberally to affected areas morning and night for 5-7 days
- Apply sterile paraffin ointment to affected area if itchy/uncomfortable during the day
- For adults (over 16yrs), give oral Prednisolone 50mg daily in the morning (with food) for 3 days
- For pain management, refer to the CARPA Standard Treatment Manual Pain Management protocol
- All clients requiring treatment with oral prednisolone must return for review within 3 days.

## Precautions / Possible Contraindications for Prednisolone:

Any of the following conditions require a **medical consult**:

- existing infections
- immunosuppression/immunocompromised
- diabetes
- hypertension
- heart failure
- peptic ulcer disease
- glaucoma/cataracts
- psychiatric disorders
- latent tuberculosis
- Previous confirmed strongyloidiasis or melioidosis

### 3 day review:

- If showing no improvement after 3 days, then **medical consult**

- If reaction is improving, change treatment to topical corticosteroids (Hydrocortisone 1% cream) – apply to affected areas twice daily for 5 days

### Information for the client

It is also possible to have cross reactions to other plants that have resorcinol and patients should be warned of this possibility if they encounter those trees in the future. Examples in Australia are: Grevillea spp., Gingko Biloba Tree, Indian Marking Nut tree, cashew nut tree. Examples from USA, Asia and Africa are: Poison Ivy, Poison Oak and Poison Sumac.

### Prevention

- Use of safety equipment (safety glasses, hat, long-sleeved protective shirt, gloves, long trousers and covered shoes)
- Care with picking, to avoid exposure of sap-sprays to the face and body
- De-sapping practices, and holding the stem of the mango away from the body
- Wash with plenty of fresh water if skin is contacted by sap

### Follow Up

All clients should be advised to return to health centre if condition deteriorates or if not improved within 3 days.

#### Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS
<b>Review</b>	Document is to be reviewed 3 years from date approved by Chief Health Officer, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

#### Key Associated Documents

<b>Forms</b>	Nil
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	See below
<b>References</b>	Queensland Government: <a href="https://www.worksafe.qld.gov.au/agriculture/workplace-hazards/fruit-harvesting-and-packaging">https://www.worksafe.qld.gov.au/agriculture/workplace-hazards/fruit-harvesting-and-packaging</a>

**Notes:**  
 \* The drug information provided is to act as a guide only, for further information reference should be made to the full manufacturer’s product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

This protocol was approved by the CHO on .18 May 2018 Copies of signed protocols are retained by the Health Policy Guidelines Program