Mango Dermatitis PHC Remote Scheduled Substance Treatment Protocol

Target Audience | All Clinical Employees
Jurisdiction | Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions | N/A
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Approval Authority | Refer to Policy Guideline Centre
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Purpose
To guide clinical practice for Primary Health Care remote staff regarding the management of mango dermatitis.

Preface
Mango rash is a form of contact dermatitis which is caused by skin contact with the sap of the mango. It is commonly seen in mango growing areas during mango picking season.

This rash is not associated with allergy to the mango flesh, but is specific to the caustic nature of the sap that contacts the skin while picking and/or handling the fruit. 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.

Prevention
Encourage
- 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
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 irritation rash

A mild rash may include symptoms of redness, itch and minor discomfort. If left untreated, the rash can remain for several weeks.

Do

- Wash affected area with water if recent exposure to sap
- Check for other areas of skin that might possibly be affected
- Give topical corticosteroids (Hydrocortisone 1% cream) – apply to affected areas twice daily for 5 days

Moderate to Severe rash

Where the rash is moderate to severe – redness, burning/pain, blistering, swelling, oral corticosteroids are usually required.

Do

- Wash affected area with water if recent exposure to sap
- Check for other areas possibly affected
- For all children, medical consult is required
- Consider that Prednisolone may be contraindicated in some circumstances – see list below
- 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

After 3 days:

- If showing no improvement after 3 days, then medical consult
- If rash is improving, change treatment to topical corticosteroids (Hydrocortisone 1% cream) – apply to affected areas twice daily for 5 days

Precautions / Possible Contraindications for Prednisolone:

Any of the following conditions require a medical consult:

- existing infections
- immunosuppression
- diabetes
- hypertension
- heart failure
- peptic ulcer disease
- glaucoma
- psychiatric disorders
- latent tuberculosis
Follow Up

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

In addition, all clients requiring treatment with oral prednisolone must return for review within 3 days.

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Key Associated Documents

| Forms | Nil |
|-----------------------------|
| Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents | See below |
| References | Royal Darwin Hospital ED Guidelines: [RDH ED: Mango Dermatitis](#)  

References:

* 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 11 April 2017. Copies of signed protocols are retained by the Health Policy Guidelines Program.