Systemic allergic contact dermatitis (sACD) describes a dermatologic condition in which individuals previously sensitized to an antigen subsequently develop dermatitis when exposed via a systemic route (inhalation, ingestion).

**Introduction**

A 12-year-old boy presented to the Emergency Department with erythematous, edematous papules and plaques with numerous vesicles and bullae to the face, trunk, arms, thighs, and groin.

- The patient had eaten cashews three days prior to onset of rash
- Patient reported pruritis but had no dyspnea
- Started IV methylprednisone 1 mg/kg/day for suspected sACD
- Absolute eosinophil count elevated at 0.64, relative percentage 6.6%
- Punch biopsy: eosinophils found within an intra-epidermal vesicle, perivascular inflammation, the interstitial dermis, and superficial dermal vessels, consistent with sACD
- After 5 days of IV methylprednisolone, diphenhydramine, and famotidine, along with topical triamcinolone and hydrocortisone, the patient was discharged home with an oral prednisone taper.

**Discussion**

- sACD is a T-cell mediated type IV hypersensitivity reaction.
- Whereas allergic contact dermatitis (ACD) is typically secondary to direct contact with the skin, sACD results from systemic exposure (inhalation, ingestion) in a pre-sensitized individual.
- sACD due to cashews usually has flexural accentuation and is distributed on extremities, groin, and buttocks. It typically occurs 1-3 days after ingesting cashews contaminated with allergenic oil.
- Cardol and anacardic acid are found in cashew shells and are closely related to pentadecylcatechol released from poison ivy. However, they should be removed during processing.
- Previous cases of sACD due to cashews have been due to raw or partially processed cashews, which makes this case unique.
- This case demonstrates that store-bought cashews can be contaminated with urushiol or shell fragments and must still be considered as a potential culprit in cases of sACD.
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