

Atopic Dermatitis Nomenclature Variants Can Impede Harmonization

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TO THE EDITOR

This letter is in response to a recent article (Schmitt *et al.*, 2011) and the accompanying commentary (Flohr, 2011). The use of the term “eczema” would seem to be a step backward in the process of “harmonizing” outcome measures for atopic eczema/atopic dermatitis (AD). We all recognize that “eczema” is a term used by our patients and by non-cognoscenti physicians to indicate AD but it is nonspecific and dermatologists know there are many types of eczema that clearly are not AD.

In 2004, the World Allergy Organization (WAO) stated that the term “eczema” would include “non-atopic eczema” and “atopic eczema,” the latter being “eczema in a person of the atopic constitution” (Johansson *et al.*, 2004). Atopy was defined as specific IgE (sIgE) reactivity in high responders sensitized via mucosal surfaces. This definition was rendered dubious the next year by the NHANES III study showing sIgE to common allergens in 54% of the United States population (Arbes *et al.*, 2005) and by numerous reports since 2006 indicating that the transcutaneous route may be a major pathway for IgE sensitization (Weidinger *et al.*, 2006; van den Oord and Sheikh, 2009; Brown *et al.*, 2011). Infants often have typical disease well before relevant sIgE levels. They do not need testing to be properly

diagnosed as AD, which might well predispose to atopy; routine sIgE tests are not usually indicated (Boyce *et al.*, 2010).

The terminology imposed by the WAO reflects allergists’ poor understanding of the extensive eczema/dermatitis spectrum. The requirement for IgE testing in their diagnostic scheme goes beyond good clinical and scientific standards and adds unnecessarily to health care costs. That they were able to get a few dermatologists to sign on is unfortunate, especially now that the terminology has crept into a scientific journal such as the *Journal of Investigative Dermatology*. The preceding comments are not meant to detract from the efforts made by Schmitt, Williams, and others to seek harmonization of outcome measures for AD. It does seem clear that we should, simultaneously, seek international agreement on the terminology and definition of AD. It is time to face these diversions and seek global agreement on what is best for our patients. Science cannot proceed without internationally acceptable definitions and logical terminology.

CONFLICT OF INTEREST

The author states no conflict of interest.

Jon M. Hanifin¹

¹Department of Dermatology, Oregon Health & Science University, Portland, Oregon, USA
E-mail: hanifinj@ohsu.edu

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