

Is the use of contact lenses a risk factor for atopy?

We have read with interest the article of Kari & Haahtela (4) suggesting that wearing soft contact lenses is a risk factor for seasonal atopic allergy. The topic is of special relevance because of the high incidence of seasonal allergic conjunctivitis (SAC) and the increasing number of patients wearing contact lenses. The article implies that allergic conjunctivitis patients (and possibly allergic patients in general) should not wear contact lenses, at least during allergen exposure.

We would like to express our view on the matter on the basis of our recent personal research in allergic conjunctivitis. We have to distinguish very clearly between contact lens intolerance and contact lens giant-papillary conjunctivitis (CLC). Common clinical observation supports the finding of Kari & Haahtela that patients with SAC often do not tolerate contact lenses. This *contact lens intolerance* is transient (as also stated by the same authors) and is usually controlled by adequate treatment of SAC. However, there is no evidence that atopy itself is responsible for the intolerance. In fact, the above mentioned study did not include among controls subjects with other inflammatory conditions of the external eye (such as blepharitis sicca syndrome, etc.) or a larger group of subjects with atopy but no eye symptoms. We prefer to think that a nonspecific hyperreactivity of conjunctival tissues is responsible for the intolerance. In fact, we recently reported that vernal conjunctivitis patients have an increased conjunctival responsiveness to histamine. We might speculate that conjunctival hyperactivity is also present in SAC during the allergy season as well as in other non-IgE-mediated conditions associated with inflammation of the conjunctiva. Should the speculation be proved correct by the desirable fur-

ther investigation, non-specific conjunctival provocation tests rather than the IgE test might represent a useful prognostic tool for contact lens intolerance.

On the other hand, *contact lens conjunctivitis* is a giant-papillary and more persistent condition, usually occurring some years after the wearing of soft (and hard) contact lenses (3). Although CLC is considered to be a form of allergic conjunctivitis, we found that sensitization to inhalant allergens is not frequent in CLC patients (18%) and its incidence is not significantly different from that of a normal population. Therefore, although the study of Kari & Haahtela is very interesting and correct, we do not advise allergic patients to wear glasses, instead of contact lenses.

References

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