

Standardization in *Contact Dermatitis*

International interest in the basic science and clinical aspects of contact dermatitis is rapidly increasing; it is an important sub-speciality of medicine. Our understanding of contact dermatitis reactions is a cornerstone for appreciation of the interaction between the environment and human skin. New understanding of genotypes, e.g., the filaggrin mutation, will open novel approaches for classification of the disease, particularly for hand eczema but also dermatitis of the face and other areas of at-risk skin. Human skin is exposed on a daily basis to well-known contact sensitizing chemicals from consumer products and industry. New chemicals are evaluated by sophisticated risk assessment methods based on *in vitro*, animal and human experimental studies. Although such studies can be extremely helpful, they do have limitations, as illustrated by past mistakes.

Contact Dermatitis is a global leader in describing contact dermatitis from exposure to chemicals, be it domestic or industrial. Human health endpoints are critical elements in the final risk assessment process. Publications concerning this are essential in the clinical decision making process for individual patients, but are also increasingly used by regulatory authorities for primary prevention interventions.

To improve these goals further, quality development of the journal and the methodologies employed by the speciality are needed. Improved instructions for authors have been completed and are now being followed in published manuscripts. The editorial group will focus on the correct use of INCI-names, when appropriate, and the use of INN and CAS-numbers. Information websites can be found in the "Instruction for Authors".

We are in the fortunate position of receiving high quality manuscripts from all parts of the world. The manuscripts need to be published in acceptable English. Considerable efforts in this are undertaken by authors, reviewers, publisher, and editors. To consolidate this, we welcome Dr. Jonathan M.L. White (Department of Cutaneous Allergy, St. John's Institute of Dermatology, St. Thomas' Hospital, London) as assistant editor for *Contact Dermatitis*.

To increase the impact of *Contact Dermatitis* even further, we will focus on uniform and transparent descriptions of the methods employed, particularly patch test methodology. The current standards were developed by the ICDRG in the 1960's and 1970's but numerous variations have since evolved. A clear description of the patch test methodology needs to be made in publications including the chambers used, adhesive, duration of exposure and times of readings.

Meta-analysis is an increasing powerful instrument to illustrate significant changes of contact allergies over time and between different geographical areas. The impact of publications depends on the quality of the individual articles included in such analysis. Presently many multi-centre studies do not fulfil such demands, as possible variations in patch test methodologies and readings are not described.

Another crucial factor for standardization is the reading of the '+' reaction. Two schools have developed: one which defines the '+' reaction as homogeneous redness in the test area with scattered papules; the other requires homogeneous redness and homogeneous infiltration in the whole test area. The conflict is well-known. The stronger the patch test reaction, the higher the degree of relevance and reproducibility. Yet a weak positive reaction may be relevant and reproducible as well. The classification of patch test reactions depends exclusively on descriptive morphology. A pragmatic way, which will allow comparison between the different databases, is to introduce an extra grade of patch test reaction. To encompass the two main schools of current practice, the following scale is therefore suggested for debate:

+: homogeneous redness in the test area with scattered papules

++: homogeneous redness and homogeneous infiltration in the test area

+++: homogeneous redness and infiltration with vesicles.

++++: homogeneous redness and infiltration with coalescing vesicles.

We encouraged the ESCD to discuss this matter and also welcome readers' opinions.

Torkil Menné and Ian White