

Recalcitrant chronic leg ulcer: An indication for patch testing for hydrocolloid dressing



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CLINICAL CHALLENGE

Chronic leg ulcers are commonly encountered in dermatologists' daily practices. As modern wound dressings become more popular among clinical practitioners and caregivers, allergic contact dermatitis reactions to these dressings emerge. Previous reports have indicated that as much as 40% to 80% of patients with chronic leg ulcers had hypersensitivity to different topical treatment products.^{1,2} A patient's risk of contact sensitization can be overlooked secondary to failure of patient disclosure or oversight.

SOLUTION

Itch and surrounding erythema sometimes occur concurrently in chronic leg ulcers and can be the only sign of contact hypersensitivity. We report a patient with recalcitrant itchy chronic venous ulcer on the left foot for more than 7 years who had failed repeated surgical debridement, hyperbaric oxygen therapy, and low-energy helium-neon laser given by plastic surgeons (Fig 1, A). On consultation, we performed patch testing for standard-series and hydrocolloid dressings. The patch test result was strongly positive for Duoderm extra thin (Fig 1, B), and total re-epithelialization was achieved after cessation of Duoderm extra thin use and application of adequate wound care (Fig 1, C) (Duoderm extra thin, ConvaTec Inc, Greensboro, NC). We advocate that thorough investigation and history-taking should alert the physician to the possibility of allergic contact dermatitis in patients with recalcitrant chronic leg ulcers. In this case, a patch test provides a good way to clarify the diagnosis.

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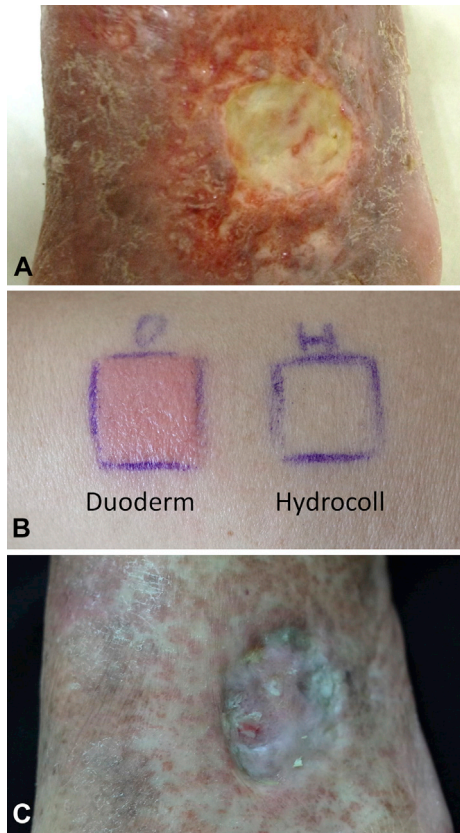


Fig 1. Recalcitrant chronic venous ulcer manifested for more than 7 years on the patient's left foot (A). Patch test results showed positive reaction for Duoderm extra thin but not for the other hydrocolloid dressing (B). Total re-epithelialization was achieved after cessation of Duoderm extra thin use and application of adequate wound care (C).

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