

Table 1. Proportion of individuals reporting skin symptoms

Reported skin symptoms	Total (n=16,584)	Male (n=8014)	Female (n=8570)
	(%)	(%)	(%)
hand eczema	12	9	15
psoriasis	4	4	4
other skin disease	13	13	13
at least one of the symptoms above	25	23	27

questions; 23% (n=1835) of the males and 27% (n=2302) of the females.

Discussion

From the results, the prevalence of hand eczema has been estimated, and is presented in a previous paper (2). Regarding psoriasis and "other skin diseases", no attempt was made to verify the diagnoses or to analyse the nonresponders. The result presented is thus to be viewed as a rough estimate of the proportion of individuals considering themselves to have a skin disease in the general working-age population of Sweden. The reported prevalence of psoriasis is, however, in concordance with other Scandinavian epidemiologic studies (3-5). The usefulness of questionnaires for screening for skin disease has been evaluated by Berg & Axelson (6).

When people at a work site start complaining about skin symptoms, possibly related to some exposure from the work environment, they usually get worried and are very keen to report their symptoms. One should therefore regard the 25% in this study of the general population as a minimum figure.

Among 25% of employees reporting skin symptoms, a few might of course have occupational skin diseases. Major 'epidemics', which in fact are rare, at least in Sweden, should, however, not be expected, although it is important to notice and, at an early

stage, to examine persons who suspect occupational skin disease, and to give them proper information. In this way, much anxiety and a gradual increase in problems can be avoided.

References

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Delayed hypersensitivity to cefuroxime

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Key words: cefuroxime; cephalosporins; antibiotics; drug reactions; positive patch test.

Although most allergic reactions to cephalosporins are Type I reactions mediated by IgE (1), delayed

immunological reactions to these drugs have also been described (2, 3).

Case Report

A 64-year-old woman, with no personal or family history of allergy, presented with a widespread, erythematous, maculopapular eruption and purpuric lesions on the feet.

She had been receiving i.m. injections of cefuroxime (Curoxim® 3 g/day) for acute pyelonephritis. The cutaneous eruption, accompanied by fever, had appeared on the 3rd day of treatment. She had reportedly been treated with antibiotics (probably cephalosporins) 2× before for urinary tract infections. On 6-methyl-prednisolone (Urbason® 40 mg/day i.v.), the maculopapular rash disappeared after 2 days, leaving facial scaling.

2 months later, she was tested (prick and i.d.) with: benzyl penicilloyl polylysine (PPL), minor determinant mixture (MDM), potassium penicillin G, ampicillin, cefuroxime, cephalothin and cephaloridine. Positive reactions (erythematous infiltrate 15 mm in diameter) to the last 3 cephalosporins (0.05 ml of a 1 mg/ml in 9% NaCl solution injected i.d.) were observed after 1 day; the reactions persisted for 3 days.

Patch tests were performed with penicillin (5000 U/g pet.), cefuroxime, cephalothin, cephaloridine and ampicillin (0.1 ml of a 100 mg/ml solution). Positive (++) reactions to the 3 cephalosporins were noted at 2- and 3-day readings. I.d. and patch tests with the same materials in 8 volunteer controls were negative. Patch tests with the European standard series were negative.

Radioimmunological assay (RIA) for serum anti-benzyl penicilloyl G and anti-phenoxymethyl penicil-

loyl V IgE antibodies (Phadebas RAST, Pharmacia) was negative; the total amount of serum IgE (PRIST, Pharmacia) was 0.7 kU/l.

Comment

The late onset of cutaneous symptoms (2 days or more after the beginning of cefuroxime treatment) and the positive patch test strongly suggest a Type IV hypersensitivity reaction.

Involvement of this pathogenic mechanism has already been demonstrated by patch testing in patients with delayed-onset maculopapular rashes from penicillins (4).

Patch testing with cephalosporins proved to be a useful tool in confirming the clinical diagnosis of delayed hypersensitivity.

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Allergic contact dermatitis due to 1,2-benzisothiazolin-3-one in paint manufacture

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Key words: allergic contact dermatitis; 1,2-benzisothiazolin-3-one; Mergal K-10; biocides; preservatives; antimicrobials; paint manufacture; occupational; lack of cross-sensitivity.

The isothiazolinone family of biocides includes 5-chloro-2-methyl-4-isothiazolin-3-one (MCI), 2-methyl-4-isothiazolin-3-one (MI), 1,2-benzisothiazolin-3-one (BIT), 3-ethylamine-1,2-benzisothiazol hydrochloride and 2-n-octyl-4-isothiazolin-3-one (1).

Occupational allergic contact dermatitis from 1,2-benzisothiazolin-3-one (BIT) has been reported in the pottery industry (2), related to the use of cutting oils (3) and gum arabic (4), and in fine arts factories (5), among others.