

Widespread eczema in an elderly patient

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Contact dermatitis (CD) typically manifests as persistent or recurrent localized dermatitis caused by close and frequent contact between allergens and specific skin areas. This characteristic differentiates it from most other types

of dermatitis, and makes its diagnosis easier. Here, a case of CD in terms of diffuse dermatitis in an elderly person is presented.

Case Report

A 68-year-old male pensioner presented to our department complaining of an itchy rash that had recurred for almost 2 years. Discrete dry erythematous eczema plaques together with secondary scratch signs were widely scattered on his skin. He had already consulted his family doctor and several skin specialists. Cosmetic

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Fig. 1. The patient's personal care products containing MCI/MI and MI.

products for dry skin had no effect, and there were temporary improvements with corticosteroid creams. He denied any allergies or previous skin problems. No particular occupational or recreational exposure was identified.

The patient was patch tested with the TRUE Test[®] baseline series (Mekos Laboratories, Hillerød, Denmark), containing 24 common contact allergens, and the results were read on day (D)2 and D4. He showed reactions to methylchloroisothiazolinone (MCI)/methylisothiazolinone (MI) on D2 (++) and on D4 (+++). On D2, the patient was advised to stop using MCI/MI-containing and MI-containing products. On D4, he brought in all of his personal care products, several of which contained MCI and MI (Fig. 1). The patient was contacted 2 months later, and informed us that his skin problem had disappeared.

Discussion

Isothiazolinones are known contact allergens (1), and it is not rare for patch testing to identify MCI/MI as an allergen, as in this patient. The classic pattern of CD is a persistently localized skin problem, but when its presentation is widespread it is more difficult to suspect. It can be systemic allergic dermatitis, in which the allergen is taken up internally and delivered to the skin (2). Another possibility is airborne CD, which has an easily recognizable distribution pattern (2). Nevertheless, diffuse dermatitis can be caused by skin contact with an allergen on many

unrelated anatomical areas, thus masking the traditional localized pattern and delaying correct diagnosis.

Other factors that are frequently taken into consideration when CD is suspected are the age and sex of the patient: CD in a male aged ≥ 60 years without any prior skin diseases in general and skin allergies in particular is not frequent (3). The unusual aspect of this case is its clinical presentation: an elderly person who had never had any skin allergies, showing dermatitis in many different skin regions without an airborne CD pattern. This patient was probably exposed to several potential allergens present in his cosmetic products, but reacted only to MCI/MI, stressing the importance of isothiazolinones as potent contact allergens. The decision to prohibit the use of MI in leave-on cosmetic products in Europe, effective since 12 February 2017, is therefore commendable (4). Moreover, even though the use of MI in rinse-off products is still permitted, the maximum allowed concentration was lowered from 100 to 15 ppm, effective after 27 January 2018 (5). One can only hope that other countries will follow this example and help to abate, through proper legislation, this 'epidemic' of CD caused by isothiazolinones (6).

In conclusion, in cases of persistent skin problems, one should consider CD, probably until otherwise proved. Even a simple patch test with a baseline series can sometimes suffice to resolve a problem, with a huge impact on the quality of life of our patients.

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