

Letter to the Editor

Pragmatic management of (suspected allergic) diaper dermatitis

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Dear Sir,

So-called diaper dermatitis covers a large spectrum of diseases, mostly comprising irritant contact dermatitis, allergic contact dermatitis, intertrigo, psoriasis, atopic dermatitis, and seborrheic dermatitis (1).

We present a case of diaper dermatitis in a 4-month-old female child, diagnosed as allergic contact dermatitis on the basis of clinical features, long evolution, and the lack of response to all measures, that resolved only after the diaper had been replaced with a cotton product.

Upon presentation, a large erythematous area, slightly desquamated, on the lower part of the abdomen, the sacral area and the diaper area was noted, without involvement of skin folds (Fig. 1a–c). The mother was very well trained in taking care of the child, and had never used alcohol-containing products for cleaning of the skin, but only superabsorbent disposable diapers, since the birth of the child. The child was healthy, breast-feeding, and normally developed according to her age, and was closely monitored by a paediatrician. One week after delivery, skin problems in the diaper area started in terms of erythema and slight oedema, but there was no oozing or crusting, and no maceration. Different diagnoses were made and different treatments were prescribed, including ointments, topical corticosteroids, antifungals, topical antibiotics, and calcineurin inhibitors, administered

as short or prolonged courses, partly combined. Mycological and bacteriological examinations failed to identify any involved microorganisms; nutritional deficiency (including zinc) was excluded.

Despite all treatments, the diaper dermatitis persisted. Although the mother was very anxious to receive a diagnosis, she did not give her approval for either a skin biopsy or a patch test. After the mother had tried almost all types of diapers, with no results, cotton cloth diapers, which are still available, but poorly accepted nowadays, were recommended in this case, as contact allergy to one of the constituents of the disposable diapers was suspected. One week later, the child was completely free of skin lesions.

Patch testing is evidently the standard method for establishing a diagnosis of allergic contact dermatitis in general (2), and also in cases of suspected allergic contact dermatitis caused by diapers (3), but, in the present case, tests were not performed, because of the age of the child and, particularly, the fact that the family members did not accept patch testing. Potential allergens in diaper wipes, topical diaper preparations and disposable diapers were recently found in the United States to include botanical extracts, α -tocopherol, fragrances, propylene glycol, parabens, iodopropynyl butylcarbamate, and lanolin, and less commonly formaldehyde releasers and methylchloroisothiazolinone/methylisothiazolinone (4). In conclusion, a clinical history, a careful physical examination and the avoidance of presumed, even if unproven, contact sensitization can be pragmatically combined in the absence of patch testing in infants,

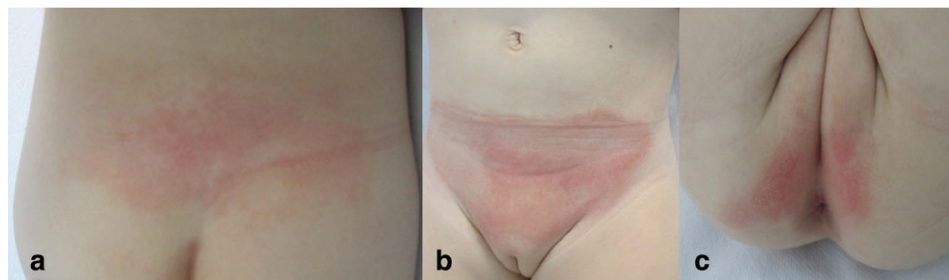


Fig. 1. Well-delineated erythema and oedema in the sacral area (a), the lower part of the abdomen (b), and the perianal region (c).

in order to arrive at a presumptive diagnosis and to achieve cure.

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