

Letter to the Editor

Allergic or irritant contact dermatitis after patch testing with alcohol – that is the point

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We thank Löffler et al. for their comments on our article on contact allergy to isopropanol. In response to this, we make the following remarks:

- (1) Although patch testing has been performed with isopropanol 'as is', we have tested numerous controls; there were only 45 positive reactions in 1676 subjects tested.

Moreover, Fig. 2 in the article was clearly not an irritant reaction but a bullous spreading patch test reaction. This was the most severe reaction that we observed, but we have other pictures of clearly allergic reactions to isopropanol (below).



- (2) The reactions described were relevant to the patients' dermatitis in 84% of all cases. Isopropanol sensitization most often occurred in patients with damaged skin (e.g. leg ulcers, where sensitization is a particular problem).

We do agree that alcohol-based hand rubs do cause fewer skin problems in healthcare workers. However, we did want to stress the (exceptional) possibility of allergic reactions to isopropanol in this population. We have now observed a fourth nurse, suffering from hand dermatitis, with relevant allergic contact reactions to both synthetic rubber gloves (thiuram mix and diphenylguanidine) and isopropanol; the dermatitis cleared on avoidance.

There are not many publications about isopropanol contact allergy: it is rarely tested by dermatologists!

Finally, if an enzyme deficiency is the cause, why did not all of the patients tested with ethanol react? If the clinical dermatitis is suspected to result from enzyme deficiency, then these patients should be tested when there is this suspicion; they may need to avoid contact with alcohols, including isopropanol, in the future. Also, although ethanol is metabolized to acetaldehyde, this appears not to be so for isopropanol.

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