

Letters to the Editor

Validity of patch test results

I was very interested in the article by Sigfrid Fregert "Occupational Dermatitis in a 10-year Material" published in *Contact Dermatitis* 1975, Volume 1, pages 96-107. I wonder if other dermatologists were as disturbed by this article as I was? In particular I would draw attention to the prognosis of his patients who were diagnosed as having contact allergic dermatitis with positive patch tests. For example, of 29 women who were followed up 2-3 years after their original diagnosis of nickel dermatitis, none had healed, and women with chromium dermatitis only gave a 7 % figure for those healed within the same period. The average percentage healing in the follow-up period for women was only 16 % and that for men 24 % (Table 7). Dr. Fregert remarked that a change of occupation did not result in better healing than continuing in the same occupation which caused the dermatitis, these remarks applying to women and men roughly equally. As Fregert points out, the results in his series are not dissimilar to the poor prognosis for contact dermatitis as published in the references he gives from other authors, and certainly as he points out (page 105) it is possible that the majority of those who change their work have the most pronounced eczema and therefore, even after making the change, the prognosis was poor. Also, it is possible that the course of the condition was more favourable in the 35 % of those not answering the postal questionnaire. Nevertheless, these results coming from such a respected worker as Fregert must in my view cast considerable doubt upon the significance of positive patch test

findings in many of our patients with what we diagnose as contact dermatitis. If we go back to the first and basic principles of Koch's Postulates we can see that these are not fulfilled. Naturally, I am not denying that for example a bricklayer with a positive patch test to chromate is allergic to chromate - but could this result not be simply an unimportant coincidence, perhaps consequent upon exposure of a primary irritant dermatitis skin to this material? The numerous positive intradermal tests observed in atopic subjects may be analogous here. Of course I am perfectly aware that many, probably the majority of patients are continuously exposed to small quantities, and perhaps not so small quantities of the agents to which we believe them allergic in their daily environment, and it can be hypothesised that it is by this exposure either directly on the skin or conceivably by oral ingestion that their dermatitis reaction is perpetuated; but this at present must remain an interesting hypothesis, and no more than that unless and until we have ways of completely excluding the allergenic materials from contact with such patients. If we can then demonstrate recovery followed by exacerbation on re-challenge the causation will be clear.

Unless these points are satisfactorily answered, we should perhaps consider whether we are not wasting both our own and our patients' time conducting extensive patch testing procedures which are unlikely to lead to any therapeutic benefit even in the most specialized and experienced centres; further, particularly in legal and industrial

cases it is at least open to debate whether we can maintain the scientific validity of opinions based on patch testing results.

In summary what I am suggesting is that, if we are to accept Fregert's results as valid, what this means is that many, perhaps most of the cases of chronic allergic contact dermatitis we diagnose, are not such cases at all, but are rather examples of primary irritant or non-specific dermatitis from other causes who happen to have acquired at some stage in their career an allergy to

chromate or nickel or some other material as demonstrated by a positive patch test, and this particular allergic property of the individual is unlikely to be playing any significant part in their eczematous process.

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The biocide Grotan

Dr. K. Keczkcs and P. M. Brown, in *Contact Dermatitis* (1976) 2, 92-98, discussed the sensitizing biocide Grotan used for coolant oils. They refer to a paper by Watson & Sowdon 1972, which discussed the safety data issued by the manufacturer. The title of that paper was "The Way Cray Products meet Customer Requirements in the Field of Industrial Biocides."

Customers require the manufacturer to give an adequate review of adverse reactions as reported in the literature. In a study by Borelli et al. (1964) Grotan was found to be the most common cause of dermatitis in the Bavarian metal industry where 30 % of those employed were sensitive to Grotan. In a later paper, Schneider was less pessimistic.

Thus, Keczkcs and Brown's report may not be the first on the subject, but it is extremely important in calling the attention of English-speaking dermatologists to this hazard of dermatitis in the machine industry. Any German-speaking dermatologist would have assumed that Grotan had been

withdrawn from the market after the publication of the paper by Borelli et al., so Keczkcs and Brown's paper is also important in calling attention to the fact that such medical assumptions may be considered childishly unrealistic by the industry.

It appears that cutting oils containing Grotan are marketed in Denmark by at least two international oil companies, and although their use is forbidden by the largest Danish employer, Danfoss Ltd., Grotan dermatitis may be a problem unsuspected by Danish dermatologists.

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References

- Bandmann & Dohn (1970) *Epikutantestung*. pp. 286-288. Munchen: Bergmann.
Rook, Wilkinson & Ebling (1972) *Textbook of Dermatology*, 2nd ed., pp. 321,389.

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