

CONTACT POINTS

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Re-patch testing patients with long-term contact dermatitis

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Due to changes in legal requirements in Poland, we had the opportunity to re-patch test 36 patients with occupational allergic contact dermatitis after at least 10 years (10–32 years, average 16 years). At their initial patch testing, patients had had dermatitis for varying lengths of time, but this data was no longer available. In 33 patients, up to the time of re-patch testing, dermatitis had persisted with varying degrees of severity, but in 3 patients it had cleared (Table 1).

Those with occupational allergic contact dermatitis from chromate represented the largest group of patients. 9 of these were building

workers, 5 mechanics and 1 an electroplater. One of the mechanics, after the initial patch test, had changed his occupation, which had resulted in rapid clearance of dermatitis. When this patient was re-patch tested, he was negative to chromate. In other patients both dermatitis and positive patch test persisted, in 1 case for as long as 32 years. In all 14 patients who were positive to chromate, on re-patch testing a serial dilution test with this allergen was performed. The lowest eliciting concentration of potassium dichromate was 0.12% in 7 patients, 0.06% in 4 patients and 0.015% in 3 patients. All 14 patients periodically suffered from shoe dermatitis. Among 15 patients allergic to chromate at initial patch testing, 8 also were positive to cobalt. On re-patch testing, in 6 patients positive reactions to cobalt were maintained, in 2 they disappeared, and in 2 others they emerged.

Among 8 patients positive to *p*-phenylenediamine (PPD) and/or isopropyl-N-phenyl-*p*-phenylenediamine (IPPD), 3 were positive to both contactants, 3 only to PPD and 2 only to IPPD. In 1 mechanic positive to IPPD, 7 years after initial patch testing dermatitis had cleared completely, and this patient, when re-patch tested after a further 3 years, was negative.

6 patients were positive to epoxy resin and/or triethylenetetramine (TETA), 4 of these being positive to both epoxy resin and TETA, 1 only

to epoxy resin and 1 only to TETA. On re-patch testing the patients allergic only to epoxy resin and only to TETA were both negative, dermatitis in the patient solely allergic to TETA having cleared, and that in the patient solely allergic to epoxy resin still appearing periodically. In the other patients, patch tests to both epoxy resin and TETA were positive and dermatitis was still appearing, though long remissions were occurring. In 1 patient seen 20 years after initial patch testing, severe dermatitis still occurred after accidental contact with epoxy resin.

Comment

We offer these findings as a further contribution to the continuing debate on the natural history of contact allergy (1).

Reference

1. Lee E, Maibach H. Is contact allergy in man lifelong? An overview of patch test follow-ups. *Contact Dermatitis* 2001; 44: 137–139.

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Table 1. Re-patch test results

Dermatitis	Patients positive to			Other contactants
	Chromate	PPD and/or IPPD	Epoxy resin and/or TETA	
Persistent	14	7	6	6
Cleared	1	1	1	0
Mean time from initial testing (years)	16.9	12.7	21.2	13.8

PPD, *p*-phenylenediamine; TETA, triethylenetetramine.