

Letter to the Editor

Contact allergy to gold in patients with gold-plated intracoronary stents

Dear Sir,

We appreciate the comments made on this intriguing issue. All in all, we seem to share views, but on our part, we would still like to make a few comments. In our pilot study (1), the two aims were to establish whether there was an increased frequency of gold allergy in a population with endovascular devices coated with gold and whether there was a connection between gold allergy and restenosis when patients were stented with gold-plated stents. In order to answer the first question, it is necessary to have a control population of non-stented patients; of course preferably this should have been a population with cardiac disease but without stent. For ethical and practical reasons, we chose an age- and sex-matched population from the dermatology department to serve as controls, as it can be presumed that contact allergies as such should be at least as common as in a population with cardiac disease. The patients in the study were divided into two groups – patients with and without restenosis – and the two groups were actually matched for other risk factors which are stated in the article (1). It would, of course, have been of interest to investigate other possible metal allergies, but this was not the aim of our limited pilot study. The patients were however tested with the European standard series and thus with nickel sulfate. 3 (2 women) positive patients were seen, and the difference with regard to the frequency in the control material was not significant.

We agree that optimally, each patient should be tested before and after stent deployment in order to recognize gold-plated stents as potential sensitizer. However, in this study, there were initially no suspicions that a metal allergy might be induced by stenting and therefore, no patients had been patch-tested. At the time of the study, the stent was already out of use because there had been some results showing higher frequency of restenosis (2, 3). Therefore, a prospective study was out of question.

If a prospective study should be performed, it will also be of utmost importance that all possible parameters should be under control such as other possible exposure to the metals involved, the time aspect when patch testing is performed, etc. Also, the control group should be drawn from the same cohort of patients and undergo patch testing at the same time.

Our study gave us some interesting findings that have made us perform a larger retrospective study (4) which, we hope, might clarify some of the questions asked by the authors of the letter.

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