

Short Communication

Corticosteroid contact allergy in Hungary

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The frequency of positive patch tests to corticosteroids (CS) is reported to range from 0.2% to 5% (1–4). This rate is influenced by awareness of the possibility of CS allergy and testing for it, patient selection and referral patterns, dermatological diseases treated, the amount of CS in the given area, prescribing habits, and the CSs available on the market. All such factors can be country-specific. Moreover, application and reading methods introduce further variation, in the form of false-negative and false-positive results.

The 1st Hungarian study was conducted in Budapest in the Department of Dermatology of the Central Military Hospital. From September 1994, patients referred to our contact allergy unit were patch tested with a standard series containing tixocortol pivalate and budesonide in pet. as screening tests. From 1995, an additional screening series was used, containing 3 different dilutions in eth. of tixocortol pivalate, budesonide, hydrocortisone-17-butyrate, and mazipredone (the last of which is used only in Hungary, but commonly), as well as a mix of tixocortol pivalate, budesonide, and hydrocortisone-17-butyrate in pet. All patients who reacted positively to any of the screening CSs were tested with an extended corticosteroid series, the results of which are omitted here.

Between September 1994 and January 1997, 543 patients were patch tested with the 2 initial screening CSs. Of these, 310 were also tested with the additional screening series. 26 patients reacted positively (4.8% of the total). This is close to the rate in Leuven, Belgium, for the same period, of 4.9%. There were 19 reactions to tixocortol pivalate, 10 to budesonide, 8 to mazipredone, and 4 to hydrocortisone-17-butyrate. 2 patients reacted only to mazipredone and not to any of the other 3.

An ongoing market survey is showing that the pattern of CS use in Hungary differs markedly from that in Belgium. For example, in Hungary, Group A CSs (6) comprise 45% of total CS usage, compared to 10% in Belgium. This may explain why, in Leuven, 36 positive reactions were observed to budesonide (Group B) and 43

to tixocortol pivalate (Group A), in 1706 patients patch tested in the same period, whereas, in Hungary, there were 10 to budesonide and 19 to tixocortol pivalate. This represents a 1:1.2 ratio in Leuven compared to a 1:1.9 ratio in Hungary.

The reaction of 2 patients to a CS commonly and solely used in Hungary, but not to the screening CSs, demonstrates the importance of testing the patient's own CSs as well as any particular CSs marketed in their country. The overall frequency of 4.8% in our centre also establishes CS contact allergy as a significant problem in Hungary. In Hungary screening CSs are not generally tested and there seems as yet to be little clinical awareness of the problem, in spite of the widespread use of topical CSs in dilution and combination.

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