

LETTER TO THE EDITOR

Contact allergy to metals and multiple chemical sensitivity

Sir,

Abu-Asi and colleagues have presented an accurate and timely article entitled "Multiple chemical sensitivity syndrome is not caused by contact allergy".¹ In the Introduction section, they state that "There is a lack of published data on the role of patch testing in patients with so-called multiple chemical sensitivity (MCS) ...".¹ We find the claim that no data exist on contact allergy and MCS somewhat surprising. In fact, it does not fully reflect the current status of published evidence.^{2,3} According to one series, contact allergy to at least one metal allergen has been reported in up to 80% of patients with MCS,² and, in another series,³ the prevalence of allergy/sensitization to metal allergen was 82.3% in patients with this disorder in Italy.³ Therefore, there were significant increases in the prevalence of allergic sensitization to metals, as compared with the general population in Europe without MCS. Apparently overlooked by Abu-Asi et al¹ was an article recently published by us,² which is accordingly not listed among their references.¹ It is highly likely that the increase in the incidence of allergic sensitization to metals seen in those studies in MCS patients^{2,3} is associated with increased chronic exposure to metallic elements (eg, metal-derived antigens) in a group of patients in an ongoing investigation.^{2,4} Thus, the results of the study of Abu-Asi et al¹ stand in stark contrast to results reported by others.^{2,3} Actually, we found that the prevalence of metal sensitization—type IV—in patients with MCS and exposure to metals (~80%)^{2,3} was more than 4-fold more common than nickel allergy in the general European population (21.1%).⁵ Allergists are often asked to evaluate patients with MCS. We recommend that complete screening of metal allergens should be included in clinical studies that involve patients with relevant signs and symptoms of MCS. Treatment should be initiated promptly, and involves avoidance of metal allergens.⁶ A substantial improvement in patients' symptoms and signs of MCS was reported in one clinical trial.² Finally, we suggest that cutaneous patch testing with metal series could be an acceptable initial diagnostic procedure in patients with MCS.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

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