

Short Communication

Acute contact allergy to dental amalgam

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Despite extensive exposure of the general population to mercury, particularly via childhood vaccination and dental amalgam, allergy is uncommon and rarely of clinical significance.

Case Report

A 19-year-old woman presented feeling generally unwell, and with severe gingivostomatitis, intraoral ulcers and cervical lymphadenopathy, 2 to 3 days after the insertion of a large amalgam filling. The filling was removed and the symptoms cleared. There were no further problems following removal of the filling. There was no previous history of adverse reaction to childhood vaccinations, antiseptics, cosmetics or shampoos, and she had had no previous fillings. Patch tests to the European standard series and a dental series were performed, with a strongly positive reaction to ammoniated mercury (1% pet.).

Discussion

When allergy to dental amalgam does occur, it normally presents with dermatitis, urticaria, erythema or itch on

the face, neck, limbs or upper trunk. Less commonly, it can cause acute gingivostomatitis, intraoral erosions, fever and malaise (1). The main sources of exposure include: dental amalgam restorations, industrial manufacture of insecticides, fungicides, paints, jewellery and, in the domestic context, eye and ear drops, contact lens solutions, emulsion paints and herbicides (2). Handley et al. (3) reported positive patch tests to mercury in 14 out of 441 consecutive patients, only 2 of whom had a relevant history. They concluded that mercury allergy was uncommon and rarely of clinical significance.

We report this case as a reminder that acute contact allergy mercury in dental fillings does occur and that there are many other sources of mercury exposure.

References

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