

Dermatitis, Contact and Allergic Irritants

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Allergic contact sensitization in facial dermatitis

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BACKGROUND: Allergic contact dermatitis (ACD) of the face may result from sensitization to cosmetics, topical drugs, nail preparations and airborne allergens.

OBJECTIVE: The purpose of our study was the investigation of general epidemiologic, as well as specific features of contact sensitization in patients tested with a primary complaint of facial dermatitis. Results were compared to those tested without facial dermatitis.

METHODS: After obtaining approval from the Institutional Review Board, data were collected from charts reviewed for 271 patients with facial dermatitis (periorbital area not included) undergoing patch testing to the standard and supplemental series at the MGH between 1990 and 2006. Results were compared to 976 patients tested for other than facial and periorbital dermatitis. Statistical analyses were carried out by contingency tables using χ^2 -test and Fisher's exact test.

RESULTS: Comparing facial (FP) and non facial patients (NFP) with regard to gender and age distribution, significantly more females were found among FP ($p=.003$), while the age distribution was similar in both groups. Moreover, significantly more patients were sensitized among FP (65.7%) compared to NFP (56.9%). Allergens commonly causing sensitization in facial dermatitis consisted of fragrance mix, nickel sulfate and balsam of Peru. Comparing sensitization to specific allergens between FP and NFP, sensitization to fragrance mix, phenylmercuric acetate and benzocaine was found to be significantly more often in FP ($p<.05$). Most frequent final diagnoses in both groups were ACD, followed by atopic dermatitis (AD). The final diagnoses of AD and relevant ACD ($p=.025$) or seborrheic dermatitis ($p<.0005$) were significantly more frequent in FP.

CONCLUSION: Allergic contact sensitization in facial dermatitis is frequently seen in females, most probably a result of increased use of cosmetic products. In addition to sensitization due to direct application of potent sensitizers to the face, one must always consider the possibility of an accidental transfer such as the hands. Since allergic contact dermatitis represents a leading etiological cause of facial dermatitis patch testing ought to be a standard diagnostic tool.

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Allergic contact dermatitis in patients with rosacea

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Rosacea is a common inflammatory skin disease that can present with many clinical presentations. The primary subtypes are erythematotelangiectatic, papulopustular, phymatous and ocular. Many patients have an overlap of these types as well. Some patients develop a a rosacea variants such as granulomatous rosacea, perioral dermatitis, and pyoderma facial. Although there is no one unified theory of the pathophysiology of this common condition, clinicians and patients struggle to manage each case. Patients are commonly treated with antibiotics, anti-inflammatory oral and topical agents, cleansers, and avoidance of precipitating factors such as ultraviolet radiation, alcohol, and caffeine. In many of the Rosacea patients that I have treated, I have found many of these patients to have an allergic contact dermatitis to several topical ingredients. This has been diagnosed with patch testing. In each of these patients with Rosacea and Allergic Contact Dermatitis, the rosacea improved after the contact allergen was removed. Rosacea patients may have a heightened propensity to a Type IV hypersensitivity reactions to many contact allergens and this may be an important factor in managing this disease.

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