Who, What, and When in Pediatric Allergic Contact Dermatitis
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A. What’s Known About Pediatric Allergic Contact Dermatitis
   a. Sensitization occurs in very young children, down to 6 months of age (at least)
   b. Up to 20% of asymptomatic children can be sensitized
   c. Children who received patch testing have similar rates of relevant positive reaction compared to adults
      i. Nickel, Cobalt, and Neomycin are most common
   d. Only 1 child is patch tested for every 30 adults who receive patch testing

B. Allergic Contact Dermatitis in Atopic Dermatitis
   a. Previously thought to be less likely to occur together
      i. Allergic contact dermatitis traditionally TH₁
      ii. Atopic dermatitis traditionally TH₂
   b. Now allergic contact dermatitis is understood to be as common if not more in kids with atopic dermatitis
      i. Especially weak sensitizers such as cocamidopropyl betaine, lanolin, group A steroids, and parthenolide

C. Patch Testing in Children
   a. Special challenges
      i. Limited space on the back
         1. Average 4-6 year old can fit 40-60 allergens on the back
      ii. Cooperation by children
      iii. New 38 allergen panel created for children by expert consensus
   b. Patch test when worsening eczema despite treatment, eczema in unusual locations, new onset eczema in older patients
   c. Special considerations in children
      i. Activities during school and afterschool
      ii. Sports played, equipment used, toys
      iii. Daily products that are used on head and body
      iv. Caretakers

D. Important Allergens in Children
   a. Topical antibiotics- Neomycin and Bacitracin
   b. Fragrances- Balsam of Peru, Fragrance Mix 1, Fragrance Mix 2
   c. Lanolin/Wool Alcohols
   d. Cocamidopropyl betaine
   e. Formaldehyde and its releasers
   f. Topical corticosteroids
   g. Methylisothiazolinone
   h. Propylene glycol
   i. Benzalkonium chloride (especially hospitalized children)