

CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

CONTACT ALLERGY IN CHEILITIS: AN UNDER-ESTIMATED CAUSE!!!

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Background: Cheilitis, a common inflammatory state of the lips, raises nosological problems concerning their non-specific clinical appearance and the various etiologies.

Observations: Case n1: A 33-year-old patient was referred to our department for recurrent angular cheilitis for few weeks. The lesions were resistant to topical corticosteroids (DC). Patch tests (PT) were performed with the European baseline series (BSE) and the products used by the patient (toothpaste, creams and lipsticks). The tests were positive with nickel and lipsticks used (++). The avoidance of the incriminated lipsticks resulted in a lasting remission.

Case n2: A 28-year-old patient, with a history of atopic dermatitis presented with acute cheilitis. The patient changed several lipcare sticks without any improvement. PT were performed on her back with her own cosmetics (4 sticks). The PT were positive (++) for two products whose eviction led to an improvement of the lesions.

Case n3: Atopic child, 9 year-old, had atopic dry cheilitis with recent aggravation. He had been using a lipcare stick for 2 months. PT, performed with BSE, were positive with lanolin (++), which was found in the lipstick. The discontinuation of its use with application of DC led to a complete regression of cheilitis.

Key message: Cheilitis is a superficial inflammation of the lip of various etiologies. Cosmetic (sticks and lipsticks, hand and nail care products) and hygiene products (toothpaste ++) are the most common causes. Less frequently, allergic cheilitis is caused by contact with toys, musical instruments, and topical ointment or food allergens. The diagnosis relies on patch tests, with both the BSE and the patient's personal products. Apart from the classical etiologies of cheilitis, the allergic origin of contact remains to be frequent. Testing with patients' personal products can be of considerable help such as in our patients.





