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CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

CONTACT ALLERGY TO ACRYLATES: FROM BEAUTY TO THE BEAST

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Background: The incidence of contact allergy to acrylates is estimated to be 1%, presenting most commonly as dermatitis of the fingers, palms or face. Those most at risk include dentists and dental technicians, printers, fibreglass workers, beauticians especially those specialising in sculptured nails and also their clients. In severe cases, patients may also present with paronychia, onycholysis and onychodystrophy.

Observation: A 30 year old female presented with a two year history of thickened and abnormally growing finger and toenails. Her medical history includes asthma, hayfever and a recent diagnosis of type 2 Diabetes Mellitus; the latter prompting her general practitioner to consider candidial infection as a differential diagnosis, however, there was no change despite treatment with courses of oral antifungals including Terbinagine, Itraconazole and Fluconazole. She has no personal or family history of psoriasis or eczema and denies any history of rashes. Examination of her finger and toenails demonstrated varying degrees of onychlosys, hyperkeratosis and distal oil spot changes. There was no evidence of nail pitting. Differential diagnoses included Psoriasis; she did not show any improvement with Dovonex or Betnovate lotion after 3 months. Further history and observation revealed regular use of nail varnish and in more recent years, gel nails under ultraviolet light. Patch testing was diagnostic for contact allergy to multiple allergens within the acrylate series including ethyl methacrylate, hydroxypropyl acrylate, methyl methacrylate, diethylene glycol diacrylate as well as her own nail products. After 3 months of strict allergen avoidance there was a significant improvement with almost complete resolution. By 7 months, all nails were clear of any disease.

Key message: Contact allergy to acrylates can produce nail changes that resemble conditions such as paronychia and psoriasis. We remind clinicians to elicit a detailed history to prevent misdiagnosis and advocate patch testing as a valuable diagnostic tool.



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