



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

PIGMENTED CONTACT DERMATITIS: FREQUENTLY MISDIAGNOSED, STEROID ADDICTED AND RECURRENTLY INFECTED: A FILIPINO CASE SERIES

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Background: Pigmented contact dermatitis (PCD) is a non-eczematous variant of contact dermatitis which is clinically characterized by hyperpigmentation, usually without any active or preceding clinical dermatitis, validated by (+) and relevant patch tests.² The term “pigmented contact dermatitis” was first used by Osmundsen, a Danish dermatologist, who described an epidemic shown to be patch test (+) to optic whiteners in washing powder and patch test (-) to control. Since then other PCD reports showed patch tests (+) reactions to azo dyes, textiles, cosmetics and fragrances. First described in Europe, since then most reports are from lighter to darker brown skin individuals from Japan, India, South America and Southeast Asia. There are no reports from the Philippines where PCD is largely unrecognized.

Observation: This series of five cases from January to June 2017 had common dermatoses: Psoriasis, Atopic dermatitis, Acne vulgaris and Folliculitis. Their history and whole body examination however suggested co-existing PCD. From years of topical steroids, their skin became thin, painful, itchy and recurrently infected with bacteria, fungus, virus and parasites. They were admitted for steroid withdrawal, treatment of infections, nursing care—aiming for clearance prior to patch test. Multiple relevant (+) to (+++) patch tests established PCD with clearing after allergen avoidance.

Key Message: Pigmented contact dermatitis is a common and most often overlooked dermatitis, which leads to misdiagnosis and prolonged steroid use that is refractory to any treatment. These factors predispose patients to recurrent and chronic infections. Patch testing is of immense value in the diagnosis of PCD, wherein identification and avoidance of the common allergens forms the mainstay of treatment

