



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

## QUESTIONNAIRE-BASED SURVEY REGARDING OCCUPATIONAL SKIN DISEASES IN ROMANIA

A.e. Chiriac<sup>(1)</sup> - M.c. Matei<sup>(2)</sup> - C. Stefanescu<sup>(3)</sup> - D. Azoicai<sup>(4)</sup> - T. Taranu<sup>(5)</sup>

*University Of Medicine And Pharmacy "Grigore T. Popa", Faculty Of Medicine, Nicolina Medical Center, Department Of Primary Health Care And Epidemiology / Department Of Dermatology, Iasi, Romania<sup>(1)</sup> - University Of Medicine And Pharmacy "Grigore T. Popa", Faculty Of Medicine, Department Of Primary Health Care And Epidemiology, Iasi, Romania<sup>(2)</sup> - University Of Medicine And Pharmacy "Grigore T. Popa", Faculty Of Medicine, County Emergency Clinical Hospital "sfantul Spiridon" Iasi, Department Of Nuclear Medicine/ Department Of Biophysics, Iasi, Romania<sup>(3)</sup> - University Of Medicine And Pharmacy "Grigore T. Popa", Faculty Of Medicine, Regional Institute Of Oncology, Department Of Oncogenetics / Department Of Primary Health Care And Epidemiology, Iasi, Romania<sup>(4)</sup> - University Of Medicine And Pharmacy "Grigore T. Popa", Faculty Of Dental Medicine, University Clinical Hospital C.f. Iasi, Department Of Dermatology, Iasi, Romania<sup>(5)</sup>*

**Introduction:** Occupational diseases (OD) are diseases caused by occupational work in contrast to "work-related diseases", which condense any work-associated disease trigger (caused or worsen by professional activity). In EU are frequently reported five occupational diseases: musculoskeletal diseases, neurologic diseases, lung diseases, diseases of the sensory organs, skin diseases. Allergic or irritant types of Occupational Contact Dermatitis (OCD) are the most frequent manifestations of occupational skin diseases (OSD) or occupational dermatoses (OD). Hand dermatitis or hand eczema is the hallmark of OD.

**Objective:** To retrieve information and compare the results with data from other European countries; to validate the questionnaire; to find correlation between work-triggers and OSD with regards to prevention, diagnosis and treatment of hand eczema.

**Materials and Methods:** A questionnaire-based survey regarding OSD/OD was performed in Romania, in different cities spread all around the country. Personnel involved in the study was represented by health-care providers working in hospitals and out-patient clinics of all medical specialties.

**Results:** Statistical analysis was conducted from 230 questionnaires. Descriptive statistics highlighted: median age of health-care providers was 45 (ranging from 23 to 67); more than 95% were female, mostly nurses; eczema occurrence reported by 33, 84%; most incriminated trigger factor was latex (gloves); atopy was documented in only 6% of persons





with occupational hand eczema; allergic disorders were mostly absent within personal and heredo-collateral medical history.

Conclusions: Although the questionnaires were anonymous, a significant number of questions were not answered by ticking the box: probably by not understanding the message, fear of losing the job, inquiry of consequences.

Risk and exposure assessment at the workplace may be decisive for the elucidation of relevant triggers for OSD, although major obstacles have been identified such as underreporting, lack of communication, unawareness by the patient of work-related skin diseases, fear of losing jobs and other limited resources.

