



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

REJECTION OF OCCUPATIONAL DERMATITIS IN CENTRAL AND SOUTHERN TUNISIA

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Introduction: The statistics of the National Health Insurance Fund (NHIF) in Tunisia ranked the occupational dermatitis the fourth occupational diseases compensated. The recognition of occupational diseases responds to tables system.

Objectives: To draw up the epidemiological and socio-professional profile of workers whose dermatitis rejected and analyze the reasons of this rejection.

Materials and Methods: We conducted an exhaustive retrospective study of dermatitis not recognized as occupational diseases in two Medical Committees of Recognition of Occupational Diseases of the NHIF in the central and southern Tunisia during a period of six years. A pre-established sheet was used for data collection. This form was completed with socio-professional and clinical data of the patients from the records of NHIF and the technical reports of workplace that followed the declaration of dermatitis.

Results: During the study period, 44 cases of occupational dermatitis were rejected by both committees. The mean age was 40.59 years \pm 8.5 and the sex ratio was 1.75. The main sectors of activity were building and civil engineering (25%), the textile industry and hotels and restaurants (15.9%). The main causative agents incriminated were chromium, nickel and cobalt. Cases of rejection were mainly related to administrative reasons (61, 4%) especially related to a non-response to a criterion of tables of occupational disease or a previous recognition of the same disease. Medical reasons ranked second (20.5%) mainly related to the discrepancy between the symptoms specified on the initial medical certificate (IMC) and those observed by the medical recognition committee. The analysis of these reasons for rejection revealed that the majority could be avoided.

Conclusion: This study focused on reason of rejection of occupational dermatitis which are preventable through an adequate training of practitioners in order to preserve the rights of patients and the use of dermatological expertise whenever necessary.

