ABSTRACT BOOK
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CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

CONTACT SENSITIVITY IN CHRONIC INFLAMMATORY DISEASES: THERE IS A RISK? ACNE

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Acne is a chronic inflammatory disease for which numerous and long lasting topical therapies (prescribed as monotherapy or in combination) are often required. Acne seems also be associated with an intrinsic alteration of the epidermal barrier. These factors may favour the development of contact dermatitis. Irritant contact dermatitis caused by topical medicaments, in particular retinoids and benzoyl peroxide, is very frequent. It is characterized by erythema, dryness, scaling and burning. It is often mild and of limited duration and is due to the intrinsic mechanism of action of topical medicaments applied on a damaged barrier.

The potential risk of contact sensitization is considered low, but it is often underestimated. Allergic contact dermatitis is more frequently associated with the use of benzoyl peroxide, while topical antibiotics (clindamycin and erythromycin) and retinoids are seldom responsible for a type IV hyper-sensitivity reaction. It must be suspected when patients complain of worsening of their dermatitis or acutely develop pruritic, erythematous edematous papules and vesicles at the sites of application of topical products. The cutaneous reaction is usually limited at the sites of application but sometimes it may spread to other near sites or even give a widespread "id reaction" due to the absorption of the causative allergen.

In view of the rarity of allergic contact dermatitis, a specific patch test series does not seem to be required, while performing patch test with patient's own products is usually enough to diagnosis.

The results of a review of the international literature and the author's own experience are reported.

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