

Contact dermatitis

Guest Editor: Dr. H. R. Jerajani

Contributions:

1. Art and science of patch testing: **Dr. An Goossens**
2. Thin layer rapid use epicutaneous (TRUE test): **Dr. H. R. Jerajani, Dr. Shubha Melkote**
3. Parthenium: A wide angle view: **Dr. Chembolli Lakshmi, Dr. C. R. Srinivas**
4. Relationship between nickel allergy and diet: **Dr. Ashimav Deb Sharma**

From the desk of guest editor

Contact dermatitis represents a large spectrum of conditions including acute irritant dermatitis at one end to systemic contact dermatitis at the other. In day-to-day practice, every dermatologist encounters reactions to a variety of contactants. A “Sherlock Holmes-like” approach is often required for pinpointing the causes for some cases of eczema.

Patch testing is an integral part of the investigations to search for hidden and unknown allergens, besides proving the suspected allergies. The universal series will detect almost 70–80% of common allergens known to cause allergic contact dermatitis. The special batteries of appropriate antigens in addition will detect most of the remaining antigens. Besides the Western world, India too has its validated Indian Standard Battery of antigens, both universal and special ones to detect cosmetic, footwear and dermatitis medicamentosa related allergens. The possession of the allergens alone is not sufficient. The dermatologist must also have the expertise to select the appropriate antigens, to apply patches meticulously and to interpret the results in accordance to the ICDRG criteria. Dr. An Goossens’s article “Art and science of patch testing” is a culmination of her wide experience in this field. One must plunge into the science of patch testing by overcoming the initial trepidations encountered due to the vast array of available allergens and time-consuming procedures.

There are many other methods and various brands of allergens available to detect the allergens. TRUE test was introduced in 1995 and the allergen patches that are approved by US FDA have gained popularity due to the extreme ease of application and have indeed attracted considerable interest of the private physicians all over the world. The limitation of the number of allergens and poor ability to detect certain allergens are the down side of the story. The article on the TRUE test provides the required details.

The history of parthenium dermatitis in India reflects the long relation of this allergen with the subjects mainly the farmers and their travails. The article by Dr. C. R. Srinivas covers the parthenium dermatitis in a comprehensive fashion providing ample details. I am sure that the information will be extremely useful to all the cadres of dermatology.

Nickel allergy has been recognized as an important cause for hand eczema. Apart from contact, nickel may enter the body through food. In his review on “Nickel allergy and food,” Dr. Sharma elaborates on the nickel content in foods and how to follow a low nickel diet.

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