

# Preface



Susan Nedorost, MD  
*Guest Editor*

Diagnosis and treatment of allergic contact dermatitis is one of the most gratifying patient interactions in dermatology. Successful identification of an allergen and subsequent allergen avoidance patient education can lead to cure without side effects of drugs, additional procedures, or need for frequent physician visits. Often patients return to the workforce. Quality of life improves.

Helping patients with contact dermatitis requires knowledge. Dermatologists are obligated to stay current regarding new sensitizers introduced into industry or personal care products. In this issue, Dr. Goossens, a pharmacist who has made great contributions to the understanding of sensitizers, writes about recognition of new allergens and cross-reactions.

The pattern of dermatitis is important in estimating the clinical likelihood of allergic contact dermatitis and determining whether to patch test and which allergens to test. Related allergens are discussed in this volume whenever possible in the context of common patterns of presentation. Thus “sticky problems” from resins and adhesives are noted by Drs. Cao, Sood, and Taylor to often present with hand involvement and also ectopic facial and neck dermatitis. Drs. Castanedo-Tardan and Zug discuss allergens in hair products that often present with a “run-off pattern” on neck and chest. Glove and shoe components can cause hand/foot dermatitis that may mimic endogenous dermatoses; Dr. Maier and colleagues discuss hands with generalized dermatitis as seen in patients allergic to biocides and preservatives. Medicament allergy can lead to unusual shapes or localization of dermatitis depending on how

the patient applies their topical products, as discussed by Dr. Davis. Photoexposed and textile patterns suggest the need for specialized photoallergen and textile patch test series, respectively. Dr. Sasseville, a world expert on plant dermatitis, provides a beautifully illustrated article. Dr. Brookstein is a textile scientist who contributes an article on textile pattern dermatitis.

Interpretation of patch test results and patient education are the most critical and underrecognized aspects of the allergic contact dermatitis evaluation process. Drs. Nelson and Yiannias, who have created an important tool to teach patients about acceptable personal care products free of their allergens, write about determining relevance of positive patch tests and avoidance strategies. Ms. Smith discusses patient education from the perspective of a clinical nurse specialist. This includes assessments that physicians rarely record, such as the physician’s credibility with the patient, the patient’s willingness to change behaviors (in this case to avoid allergens), and the patient’s level of literacy. She also discusses the use of return demonstrations in the patch test clinic to allow patients to practice reading ingredient labels.

Increasingly, dermatologists recognize the role of systemic allergen in exposure in chronic vesicular hand dermatitis and generalized systemic contact dermatitis. Drs. Veien and Jacob and their colleagues cover these cutting-edge topics.

Finally, systems issues directly affect patients with occupational allergic contact dermatitis, and these patients need to interact with the Bureau of Workers’ Compensation and other

government agencies. Drs. Clark and Zirwas discuss management of occupational dermatitis. Governments, especially in Europe, have increasingly instituted public health regulations to decrease allergic contact dermatitis. Drs. Ledet and Hogan point out the irony that in the United States, patch tests themselves are sometimes more regulated than consumer or worker exposures to sensitizers.

Diagnosis and treatment of contact dermatitis is gratifying and intellectually stimulating. I hope that

you enjoy this issue on current best practices and that it helps you to help patients.

Susan Nedorost, MD  
University Hospitals Case Medical Center  
11100 Euclid Avenue, Mailstop 5028  
Cleveland, OH 44106, USA

E-mail address:  
[stn@case.edu](mailto:stn@case.edu) (S. Nedorost)