

Editorial

Patch testing and prevention of contact dermatitis in Hong Kong

Contact dermatitis is one of the most common skin diseases in Hong Kong. Statistics from Social Hygiene Service, Department of Health showed it was among the top ten diseases diagnosed in the past few years. Many skin diseases cannot be completely cured by the physician but contact dermatitis is one of the few exceptions. By identifying the causative agent and giving appropriate counselling to our patients, we can put an end to their problems.

The management of contact dermatitis includes symptomatic treatment, identification of the causative agent and counselling. Symptomatic treatment is relatively simple and can usually be achieved by topical or short courses of systemic steroids. Identification of the causative agent is often more tricky and requires patience and experience. A detailed history and its critical evaluation, together with the physical signs, can often give some clues to the underlying cause of the dermatitis. However, experience both worldwide and in Hong Kong showed that clinical impression on the aetiological agent in contact dermatitis could be misleading. Skin patch test is often used either to confirm a presumptive diagnosis or to exclude certain possibilities. The importance of skin patch test as a diagnostic tool in contact dermatitis cannot be over-emphasised. Professor C.D. Calnan, one of the world authorities in contact dermatitis, commented that "every case of dermatitis should be regarded as cell-mediated immunity until proved otherwise" and he recommended that the most appropriate test is the skin patch test.

Skin patch test is probably a very much under-performed test in Hong Kong. What are the possible reasons behind? The test is a time

consuming procedure to both the dermatologist and the patient, and it is expectedly unwelcome in a quick-paced community like Hong Kong, and the hot humid climate may make patients feel uncomfortable and consider the test unacceptable. Is it really true? Our previous study showed that the acceptance rate was as high as 81%, provided the significance of the test was well explained.¹ Patient acceptability is not as low as most dermatologists expect.

Patch testing with a battery of allergens commonly encountered in that locality is of great value because it often gives useful clues (sometimes unexpected ones) for further investigation. The pattern of allergens differs from locality to locality and from time to time according to the customs, habits and exposure of the local people. Directly applying the standard battery of allergens from Europe, U.S.A. or Singapore for Hong Kong may not be appropriate. A standard battery of common allergens for Hong Kong is certainly needed if we are to prevent contact dermatitis of local relevance. Our previous studies just represent the pattern of contact dermatitis in a private clinic and they were conducted more than 10 years ago!² Large-scale multi-centre studies on local population are recommended if a more representative standard battery is to be developed.

Housewife's dermatitis is often regarded as an irritant dermatitis due to constant exposure to water and irritants like detergents and soaps and was the most common type of contact dermatitis in Hong Kong. It is often thought that skin patch test is of little value in its management. However in our study on occupational dermatitis in Hong Kong, as high as 22% of the clinical housewife's hand dermatitis actually had allergic reactions to

rubber, metals (nickel, chromium, cobalt) and that their symptoms were relieved greatly by the subsequent avoidance of such allergens. It is, therefore, recommended that skin patch test should be performed for these patients.

Dermatitis due to traditional Chinese medicine, like bonesetter's herbs, is the second most common cause of contact dermatitis in Hong Kong. It is often assumed that western and traditional Chinese medicines are two completely different and incompatible systems. However, we found that skin patch test, a well-established western investigation technique, can be used to confirm that a traditional Chinese medicine is causing a contact dermatitis, and to identify the exact causative ingredient causing the dermatitis. Such knowledge is very useful for the improvement of a herbal preparation. By reducing the concentration of the irritant, by removing it from the preparation or by substituting the putative agent with an alternative substance, contact dermatitis can be minimised. One major obstacle for research work on traditional Chinese medicine is that the formulae of many herbal medicines are held in high secrecy. In Hong Kong, all pharmaceutical products must be registered with the Pharmacy and Poison Board and have their detailed ingredients and side effects listed before

they can be distributed and sold. There should not be double standard for western and traditional Chinese medicine.

Contact dermatitis is a treatable and preventable disease. The key investigation for this disease is skin patch test. This is a procedure proven to be acceptable to most patients in Hong Kong and is therefore worth promoting. To facilitate easier and better investigation in contact dermatitis a standard battery of allergens for this locality should be developed. Finally, for further investigations and hence prevention of contact dermatitis due to traditional medicine, legislation on the compulsory listing of detailed ingredients and their side effects is needed.

References

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