

LETTER TO THE EDITOR

Not all that looks like eczema is atopic eczema

Editor

Motto:

*'My understanding of this disorder (eczema) is not good, and the older I grow the more acutely I realize my ignorance'*¹

Lewis Webb Hill (1889–1968)

We are thankful to doctors Flohr and Williams for their thoughtful comments on our article,² which we welcome as the beginning of long overdue discussion about ISAAC studies. Our discussants suggested a possible problem with the Polish translation of the word 'eczema'. We are aware of previous errors resulting from inaccurate translations of the ISAAC questionnaire,³ however, the word 'wyprysk' used in the Polish translation has exactly the same meaning as, and can only translate back to the English (and Latin) word 'eczema'. Instead, we see a major problem with the definition and understanding of the term 'eczema' itself, which unfortunately is not limited to lay persons: A prominent German dermatologist, Heinrich Adolf Gottron (1890–1974) once stated pertinently 'Everyone knows how eczema looks like, yet no one knows what eczema is', which seemingly might be interpreted in favour of self-administered questionnaire studies, but only under a rather disputable assumption that there is only one kind of eczema. Indeed, in the original ISAAC publication⁴ the word 'eczema' is taken for a synonym to medical diagnosis 'atopic eczema' ('atopic dermatitis'). There is, however, a considerable danger connected with such oversimplification, as there are many forms of eczema that are not equivalents of atopic eczema, e.g. hand eczema, allergic or irritant contact eczema, seborrhoeic eczema, dyshidrotic eczema, etc. Due to their prevalence, these diagnoses may be known to many lay persons; however, one can hardly expect that parents filling in the ISAAC questionnaire will know the differences and guess correctly which particular kind of eczema is subject of this study. This might be the reason of the limited predictive value and poor correlation between responses to the ISAAC questionnaire and the medical examination that was observed in previous studies.^{5,6} Our discussants further suggested that we would have diagnosed allergic contact dermatitis (ACD) in every child with a positive patch test. As a matter of fact, the diagnosis of ACD was based upon a thorough collective medical examination by a paediatrician-allergist and a dermatologist-allergist, with the patch test result being one of many criteria taken into account. A quick look into the paragraph 'Patients and Methods' and Table 1 showing frequencies of positive patch tests and the final diagnoses, should dissipate any doubts

with this regard. Taking positive patch test result for the diagnosis of ACD would be as erroneous as drawing conclusions about medical diagnoses from self-administered questionnaires. In conclusion, the present, as well as previous studies^{7,8} demonstrate that 'eczema' detected with the ISAAC questionnaire cannot be regarded as an equivalent to the diagnosis of atopic eczema, because of lacking possibility to differentiate between various eczemas and other chronic dermatoses that may be found in children. Only well designed studies based upon undisputable criteria – medical history, allergy tests and a thorough clinical examination with differential diagnosis by a doctor could provide credible data on the prevalence of particular kinds of eczema in children.

Conflict of interest

The authors declare no conflict of interest.

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