

Poster Group 2

Atopic Dermatitis and Eosinophilic Oesophagitis in Children

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The most frequent contact sensitizers and atopic diseases among consecutive patients of a Polish patch test clinic

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Background: To determine the most frequent contact sensitizers and prevalence of atopic diseases among consecutive patients with suspect contact allergy.

Methods: We analyzed patients of a dermatological ambulatory in Krakow (Poland) who presented with suspicion of contact allergy. Two hundred and seventy-five patients were included into analysis (90 males and 185 females, aged 7–60 years) who were tested with at least one hapten from European Standard Series, and/or ammonium mercury chloride, thiomersal, propolis, and Dermatophagoides mix (Chemotechnique). Data on the presence of atopic diseases: eczema, rhinitis and asthma were obtained from the patients' files. Relationship between atopic diseases and contact allergy was determined using Chi² test.

Results: Contact allergy to at least one of the tested haptens was found in 145 subjects (52.7%). 55.1% of patch tested females and 47.8% of males were positive. The most frequent sensitizer was Dermatophagoides mix (40.7% of all tested; 95%CI 22.2–59.3), nickel (24.0% of all tested; 95%CI 18.9–29.1%), thiomersal (18.6%; 95%CI 13.2–24.1%), propolis (15.09%; 95%CI 5.46–24.73) cobalt (11.5%; 7.7–15.3%), chromium (8.1%; 4.9–11.4%) and fragrance mix (6.6%; 3.7–9.6%). Nickel was the most frequent sensitizer both in females and males (respectively 26.4 and 19.1%). Past or present history of atopic eczema was present in 156 patients (58.9%), of allergic rhinitis in 147 (55.5%), and of asthma in 89 (33.6%). Statistical analysis did not confirm any relationship between atopic eczema, allergic rhinitis, asthma and contact allergy ($P > 0.05$).

Conclusion: The most frequent contact allergens in the analysed group are: Dermatophagoides mix, nickel and thiomersal. Dermatophagoides and propolis seem emerging allergens in Polish population, although the observation is based on a

relatively small group. We could not demonstrate any relationship between contact allergy and atopic diseases.

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Minor clinical manifestations of Atopic Dermatitis in Korean children

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Diagnosis of Atopic Dermatitis (AD) usually depends on the major and minor clinical manifestations by the criteria of Hanifin and Rajka. We studied the minor clinical manifestations of AD in Korean children to establish the Korean AD criteria. Two hundred-thirty children with atopic dermatitis who visited Pediatric Allergy Respiratory Center in Soonchunhyang university hospital from April to August 2007 were enrolled. We examined the minor clinical manifestations of AD by pediatric allergist and compared with the severity of AD using SCORAD score. Ages of the enrolled subjects were between one month and fifteen years. There were xerosis (91.3%), aggravation by environment or emotion (44.3%), lichenification (36.3%), white dermographism (34.3%), periauricular eczema (29.1%), keratosis pilaris (25.2%), hand/foot eczema (20.0%), facial pallor (18.6%), pityriasis alba (17.8%), orbital darkening (16.0%), nipple eczema (9.1%), horizontal crease of neck (9.1%), cutaneous infection (8.2%), facial eczema (6.3%), cheilitis (6.0%), recurrent conjunctivitis (3.9%), nummular eczema (2.6%), palmar hyperlinearity (1.3%), Dennie lines (1.3%), and lchthyosis (0.4%) in order of frequency as minor symptoms. Nipple eczema that is known as a rare sign in children showed relatively high frequency in this study and half of them is under 1 year old. We could estimate the severity of atopic dermatitis in 66 patients; The patients with severe atopic dermatitis (SCORAD score ≥ 40) had appearances of xerosis (90.9%), lichenification (68.1%) and facial eczema (50%) in order of frequency. The patients with moderate atopic dermatitis (SCORAD score between 15 and 40) had appearances of xerosis (57.8%), aggravation by environment or emotion (50%) and periauricular eczema (31.5%) in order of frequency. The patients

with mild atopic dermatitis were showed xerosis (60%) and orbital darkening (33.3%) in order of frequency. Xerosis ($P = .03$), lichenification ($P < 0.01$) and facial eczema ($P < 0.01$) were statistically more frequent in severe AD than mild to moderate AD. Lichenification, white dermographism and periauricular eczema were more frequent in Korean children with AD comparing with other countries. Minor clinical manifestations are also very important clinical markers for diagnosis AD.

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Severe aggravated atopic dermatitis symptoms after chinese herbal medication in a Korean child

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Background: Atopic dermatitis is common allergic disease in children. In our country, there are a lot of chinese herbal medication clinics. They prescribe some kinds of chinese medicine. Sometimes, that kinds of medicine worsen atopic symptoms and threaten children's life.

Methods: we have experienced one case of life threatened atopic dermatitis patient. he had treated in chinese herbal medication clinics.

Results: When he was admitted in our hospital. he had generalised edema and ascites. His atopic dermatitis symptoms had been aggravated after treatment of chinese herbal medication. He and his parents heard that his aggravated atopic dermatitis symptoms were "myung hyun" phenomenon. Chinese herbal medication clinician usually say "myung hyun" phenomenon is inevitable before allergic disease symptom's improvement. Usually wrong information worsen allergic symptoms and cost our patients lots of money and time. After wet wrap dressing and general treatment, his symptoms were improved.

Conclusion: Education for allergic patients and patient's parents is very important.