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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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Sensitization to isobornyl acrylate in a tertiary Belgian hospital

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KEYWORDS: allergic contact dermatitis, glucose sensor, insulin pump, isobornyl acrylate, medical device, sensitization

Allergic contact dermatitis (ACD) to isobornyl acrylate (IBOA) has been largely reported. Consequently, it was recognized as the "Contact Allergen of the Year 2020" by the American Contact Dermatitis Society. The prevalence of IBOA sensitization is estimated to be 0.7% to 3.8% in patients with adverse skin reactions to medical devices (MDs) used in diabetes.[1,2] However, to our knowledge, the prevalence of sensitization to IBOA in the general patch-tested population has not yet been established.

METHODS

All patients attending the Contact Allergy Unit of the Dermatology Department, Cliniques universitaires Saint-Luc in Brussels, between July 2019 and November 2020 were patch tested with IBOA 0.1% in pet. (Chemotechnique Diagnostics, Vellinge, Sweden).

RESULTS

During this 16-month study period, of the 522 patients who were patch tested with IBOA, three presented a positive patch-test reaction (0.57%). Their mean age was 29 (range 11-59), one was a woman, and all three reported ACD to MD (glucose sensors or insulin pump). None of the 522 patients tested with IBOA 0.1% pet. presented irritative reactions or active sensitization to IBOA.

DISCUSSION AND CONCLUSION

IBOA has become a well-known allergen responsible for ACD caused by MDs for diabetes. However, IBOA has recently been responsible for ACD due to other MDs such as infusion sets for treating pulmonary hypertension,[3] electrocardiogram electrodes,[4] and disposable tensiometers.[5] MDs are not the only source of IBOA. Recently, few papers reported ACD to IBOA present in glues contained in protective covers of smartwatches[6] and in UV-tempered-glass screen protectors on mobile phones.[7]

Data in this study are limited due to the occurrence of the coronavirus disease 2019 (COVID-19) pandemic during the study period. This resulted not only in the absence of tests being performed for 3 months (March to May) but also, even later, some diabetic patients, considered to be at risk during this pandemic, avoided coming in for testing when presenting with cutaneous reactions to their MDs.

This study seems to confirm that MDs for diabetes remain the most important source of IBOA sensitization. No new source of sensitization could be identified.

The low rate of positive patch-test reactions to IBOA found in this Belgian study (<1%) does not support its inclusion in the European baseline series. However, it is important to test it in cases of suspected ACD caused by MDs, as well as by glues and adhesives.

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AUTHOR CONTRIBUTIONS

Anne Herman: Conceptualization; data curation; formal analysis; investigation; methodology; project administration; writing-original draft; writing-review & editing. **Marie Baeck:** Supervision; validation.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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Facial contact urticaria caused by a facial cleanser and cosmetics

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KEYWORDS: allergy, case report, contact urticaria, silk

Silk confers low skin irritation and skin sensitization. Contact urticaria caused by silk is rarely reported.[1]

CASE REPORT

A 26-year-old woman developed erythema and wheals localized to her face which improved within 3-4 hours, and which had appeared after using a facial cleansing powder and a face powder (Figure 1). She suffered from pollinosis and experienced oral discomfort when eating peaches and kiwi fruits, but had no history of atopic dermatitis. We suspected an immediate cosmetic allergy and performed skin testing using the facial cleansing powder of company A, facial powder of company B, and a paraben mix in 15% pet. Consequently, the facial cleansing powder of company A and the face powder of company B, tested "as is" moistened with a drop of saline, showed positive prick-