- 5. Wash your hands frequently, especially after coming into contact with potential allergens
- 6. Avoid scratching or rubbing the affected area, which can worsen the rash

#### **Medications**

Please discuss with your doctor regarding the best treatment options for you. Active dermatitis is usually treated with the following:

- · Emollient creams
- Topical steroids
- · Topical or oral antibiotics (for secondary infection)
- Oral steroids for severe cases, usually short courses
- · Tacrolimus ointment and pimecrolimus cream

Contact allergy often persists lifelong so it is essential to identify the allergen and avoid touching it. Dermatitis may recur on re-exposure to the allergen.

For more information regarding testing and treatment, please contact our Centre.

### **HKSH Lee Tak Hong Allergy Centre**

#### **Hong Kong Sanatorium & Hospital**

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Service Hours

Mon, Tue, Thu & Fri: 9:00 am - 6:00 pm

Wed: Closed all day

Sat: 9:00 am - 1:00 pm

(except in the second and fourth week of each month, the Centre will open all day Saturdays) Closed on Sundays and Public Holidays Consultation by Appointment



# Allergic Contact Dermatitis



please contact us

# What is Allergic Contact Dermatitis?

Allergic contact dermatitis is a type of skin rash that occurs when your skin comes into contact with a substance that triggers an allergic reaction. It is a delayed hypersensitivity reaction that typically develops 48 to 72 hours after exposure to the allergen.

Allergic contact dermatitis can be caused by a wide range of substances, including:

- Metals like nickel, gold and silver
- · Fragrances and perfumes
- Cosmetics and personal care products
- Soaps and detergents
- Poison ivy, oak and sumac
- Latex













# **Symptoms**

Symptoms of allergic contact dermatitis can vary depending on the severity of the reaction and the location of the rash. Common symptoms include:

- · Redness, itching and swelling
- Blisters or bumps that ooze or crust over
- · Dry, scaly or cracked skin
- Burning or stinging sensation
- · In severe cases, the skin may become thickened, discoloured, or develop deep cracks

# **Who Gets Allergic Contact Dermatitis?**

- · It is more common in women than men, mainly due to nickel allergy and, recently, to acrylate allergy associated with nail cosmetics
- Contact allergy to topical antibiotics is common in patients over the age of 70
- Allergic contact dermatitis is especially common in hairdressers, beauticians, health care workers, cleaners, painters and florists









# **Diagnosis**

Sometimes it is easy for doctors to recognise allergic contact dermatitis and no specific tests are necessary. Your allergist will ask about your work environment, hobbies, sunlight exposure and products in use at home and at work, in order to get information on possible contact allergens. In most cases, the rash will clear up if the allergen is no longer in contact with the skin. In some cases, you may need to do a patch test to confirm the allergy, particularly if the reaction is severe, recurrent or chronic.



#### **Treatment**

#### **Avoidance**

The first step in treating allergic contact dermatitis is to identify and avoid the allergen that is causing the reaction. In specifics, the following steps are needed:

- 1. A patch test will be performed to find out precisely what substances you are allergic to
- 2. Identify where the allergen is found, by reading product labels and avoid as necessary. Beware of chemicals with multiple names and cross-reactions to similar chemicals
- 3. Use hypoallergenic and fragrance-free products
- 4. Wear protective clothing, gloves and shoes when working with irritants or allergens