

## **Contact Dermatitis**

A 38 year old pregnant women, approaching term, for planned caesarean section. (Previous Caesar 2 years ago). Obstetric history is complicated by 2 non-obstetric factors: -

1. With the previous Caesar she developed a severe urticaria and itch after spinal anaesthetic. Discussed:- the history was strongly suggestive that this was an exaggerated reaction to morphine given intrathecally. It was felt that it was appropriate to go ahead with a 'normal' spinal on this occasion but avoid intrathecal morphine. There is no value in immunological investigations. It may be worth explaining that she may have somewhat more discomfort as a result of not having intrathecal morphine. Most considered PCA should be held in reserve rather than prescribed 'prophylactically'.

2. The same patient later developed a severe contact rash with blistering and secondary bacterial infection where she had been in contact with the "bluey's" at the time of the previous caesarean. It had not been followed up at the time (at a different hospital near to JHH). On further questioning, she gave a history of previous contact dermatitis with other plastic products such as some band-aids, sanitary pads, and some other plastics. Question: What follow up?

**Discussion:** - Patient was referred to dermatology outpatients at JHH. There are three dermatology registrars in the hospital. On this occasion, the patient was seen on the same day as the initial clinic consultation. This patient's history suggests that contact dermatitis may have been precipitated by contact with the plastic and materials that go with them, or perhaps with other contaminants e.g. formaldehyde, glues, etc. Alternatively, antiseptic wash may have been a precipitating factor. After history taking by the dermatologists, patch testing for contact reaction was performed.

*Investigation of Contact Dermatitis.* Patch Testing is performed by applying small pieces of the material(s) to which the patient reports her/his contact dermatitis to the skin, and observing for reaction after 48 and 96 hours. The patient must not be using steroids or immunosuppressants. Apart from testing to specified materials, commercially supplied patches with multiple (12) different substances may also be applied as a screening test. In this case, 3 patches, each with 12 substances, were used. This is a 'general' screen. There are also occupation-specific multi-substance patches to investigate contact dermatitis in particular patient groups, such as hairdressers, farmers, or 'surgical' (i.e. nurses, surgeons, anaesthetists etc with exposure related to surgical gloves, skin preparations etc).

The results in this patient showed weak reaction to *Balsam of Peru* (a commonly used fragrance in soaps, hand creams etc), and a strong reaction to *Colophony*. *Colophony* is a pine resin extract commonly used as an adhesive/glue and for a wide variety of other uses e.g. Rosin used by violinists.

Advice (printed advisory material) was given re avoiding these substances in future. The patient was delighted to have the probable cause of the reaction identified.