OUR STUDY WAS AN ANALYSIS OF POSSIBLE ALLERGENS THAT CAUSE ACD IN CHILDREN AT THE AGE

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Abstract: The task set before us to write this article was Our study was an analysis of possible allergens that caused ACD in children aged 5 to 17 years. To achieve our goals and objectives, we analyzed the analysis of outpatient records of 26 children with ACD who applied in 2015-2017. There were 15 girls (57.7%), 11 boys (42.3%). 5 (19.2%) children suffered from atopic dermatitis, 2 (7.6%) - strophulus , 8 (30.1%) - food allergies. Some of the children with ACD who applied to the department had another referral diagnosis: perioral dermatitis - in 6 (23.0%), blepharitis - in 2 (7.6%), dyshidrosis - in 2 (7.6%). As a result, we came to the conclusion that Patch testing is the gold standard for diagnosing allergic contact dermatitis. The list of common allergens that cause allergic contact dermatitis in children can vary depending on many factors, such as the environment, and depending on the lifestyle the child leads and what objects he interacts with.

Key words: Allergic contact dermatitis, treatment.

Introduction. Allergic contact dermatitis (ACD) is an adverse skin inflammatory reaction caused by contact with a specific exogenous allergen to which the patient is sensitized. After contact with an allergen, an immunological reaction develops in the skin, manifested clinically by eczematous inflammation. More than 3,700 chemicals can cause the development of ACD. About 60% of patients who consult a dermatologist about allergic skin rashes have at least one positive test reaction, and 46% of patients are diagnosed with "Allergic contact dermatitis." The incidence rates of contact dermatitis in the Russian Federation have tended to gradually increase over the past ten years. In 2005, the incidence was 884.7 per 100,000, and in 2015 it was 1101.5 per 100,000 in the general population.

The purpose of our study was to analyze possible allergens that caused ACD in children aged 5 to 17 years.

Materials and methods. We conducted a retrospective analysis of outpatient records of 26 children with ACD who applied in 2015-2017. There were 15 girls

(57.7%), 11 boys (42.3%). 5 (19.2%) children suffered from atopic dermatitis, 2 (7.6%) - strophulus , 8 (30.1%) - food allergies. Some of the children with ACD who applied to the department had another referral diagnosis: perioral dermatitis - in 6 (23.0%), blepharitis - in 2 (7.6%), dyshidrosis - in 2 (7.6%). Patch testing was carried out on one girl (in Germany) suffering from a severe form of atopic dermatitis. Positive reactions were revealed to cetyl stearial alcohol , which is part of emollients and creams, lanolin, fusidic acid, and beeswax. Depending on the initial localization of the rash, we identified 5 groups of allergic contact dermatitis (ACD of the skin of the face, perioral area, lips, ACD of the skin of the eyelids, ACD of the skin of the neck and torso, ACD of the skin of the hands and ACD of the skin of the legs).

Results. The causes of contact dermatitis in 8 children localized on the face were the use of fluoride-containing toothpastes, chewing gum, and some cosmetic creams used instead of emollients . The process was more difficult in children with contact dermatitis due to frequent lip licking. ACD in the eyelid area developed in two children after repairs (possible cause - potassium dichromate), in one child - after disinfection of premises due to bedbugs. The substance most often causing ACD of the neck and torso (in 10 children) was nickel sulfate, which is part of metal jewelry, belts, buckles, etc. In three children, ACD of the skin of the hands developed due to cosmetics, nickel, and nail polishes . Two children were diagnosed with ACD while wearing shoes. To make shoes, substances containing rubber (mercaptobenzothiazole , carbo-mixture, thiuram mixture, mercury mixture, black rubber mixture and mixed dialkylthiourea), glues and adhesives, for example, 4-tert-butylphenol formaldehyde resin, can be used. Potassium dichromate is used to produce tanned leather shoes.

Conclusions. Patch testing is the gold standard for diagnosing allergic contact dermatitis. The list of common allergens that cause allergic contact dermatitis in children can vary depending on many factors, such as the environment, and depending on the lifestyle the child leads and what objects he interacts with. Nickel remains one of the most common allergens causing positive reactions in children. It is also important to test children for potential allergens in their frequently used personal items. The search for allergens should also include topical antibiotics, corticosteroids, and antifungals (both self-purchased and prescribed by a doctor) that patients may have used to treat the affected area. This is necessary in order to promptly identify allergies and thereby, by eliminating contact with the allergen and taking all necessary therapeutic measures, prevent the development of ACD in the child.

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