



What is allergic contact dermatitis (ACD)? Allergic contact dermatitis is a reaction to substances called allergens that come into contact with the skin. If you are allergic to a particular allergen, then you will develop ACD if your skin is exposed to it. If you are not allergic to that substance, you will not develop any skin problems, even with prolonged exposure.

What does ACD look like? In severe acute cases, the affected skin becomes red, intensely itchy, and swollen with blistering and crusting. If you are chronically exposed to an allergen, the skin may turn thick, red, and scaly. Eventually, the affected areas may become brown and leathery, with a tendency to crack and fissure.

What substances tend to cause ACD? Common allergens include nickel (found in jewelry), rubber, dyes, chromates (leather and cement), preservatives (skin care products), fragrances, neomycin (antibiotics), and plants such as poison ivy or poison oak.

Acids, alkalis, solvents, and strong soaps or detergents do not usually cause allergic contact dermatitis. These harsh chemicals are called irritants, and can produce a skin reaction on anybody, regardless of whether or not an allergy exists. This is called irritant contact dermatitis and is a distinct entity from ACD. Some chemicals can act as both irritants and allergens.

How do I find out what is causing my ACD? Your dermatologist will ask you about the different materials that you come into contact with at work and home to try to identify the offending allergen. Most times, the allergen can be narrowed down depending on the location of the rash. For example, an allergy to nickel can present with rashes that appear on skin that touches jewelry. The neck, earlobes, wrist and fingers are often affected.

Sometimes the cause can not be identified by your history and physical examination. In these cases, your dermatologist may want to perform a patch test. Patch tests are a safe and easy way to identify the allergens causing your ACD. Small amounts of the most common allergens responsible for ACD are applied to the skin on special strips of tape and then removed after two days to see if a reaction has developed.

How is ACD treated? The symptoms of mild ACD are usually treated with oral antihistamines (Benadryl) and topical steroid preparations. Oral or injectable steroids, antibiotics, drugs that modulate your immune system, and special light therapy may be necessary in more severe and chronic cases.

How can I prevent ACD? Avoiding the allergen causing ACD is crucial. Try to not only avoid the allergen that causes the reaction, but also any chemicals that cross-react with it. Substitute products that do not contain the allergen should be used.

instead. Many chemicals have different names, so be sure to read product labels carefully. It is helpful to test products on the crease ("crook") of your elbow first before using them on other areas of the skin. Apply the product twice a day for 2 weeks and see if your skin can tolerate it.

What if I can not identify the allergen? If the allergen causing you problems has not been identified, we recommend the following hypoallergenic products:

- **Shampoo/Conditioner**
Free and Clear Shampoo and Conditioner (1-800-325-8232)
DHS Clear Shampoo and Conditioner (Kaiser, non-prescription)
- **Soap**
Cetaphil
Basis (does have lanolin)
Dove
- **Detergents**
Dreft
All Free and Clear
Cheer Free and Gentle
Tide Free
DO NOT USE ANY FABRIC SOFTENERS OR DRYER SHEETS
- **Moisturizer**
Vaseline
Vanicream (1-800-325-8232) - free of dyes, perfume, fragrance, masking fragrances, formaldehyde, lanolin, parabens
DML Forte Cream
DML Lotion
- **Sunscreens**
California Baby Water Resistant, Hypo-Allergenic Sunscreen, SPF 30
Vanicream Sunscreen SPF 15
Clinique City Block Oil-Free Daily (Titanium Dioxide)
Ti-Screen (Titanium Dioxide), Ti-Baby Natural Sunblock SPF 16
Neutrogena Chemical-Free SPF 17 (Sensitive skin formulation)
Many of these are available at www.drugstore.com

For more information on allergic contact dermatitis go to:

www.aad.org/public/publications/pamphlets/skin_allergic.html

www.dermnetnz.org/dermatitis/contact-allergy.html