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ALLERGIC CONTACT DERMATITIS AND ASSOCIATED ALLERGIC DERMATOSES

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Abstract

Allergic (sensitization or eczema-like) contact dermatitis is one of the most common diseases in dermatological practice, and, according to various sources, is observed in 2-2.5% of the world's population [9, 21, 25]. In turn, allergic dermatoses are a generalized group of dermatoses, in the genesis of which immunological reactions occur in the skin in response to the effects of exogenous and endogenous factors play a role. The group of allergic dermatoses includes eczema, AD, ACD, characterized by a chronic course, frequent relapses, requiring long-term treatment and rehabilitation [6,8,13]. The study of the etiology and pathogenesis of allergic dermatoses, as well as the improvement of therapy methods remains one of the most pressing problems of modern dermatology.

Introduction

According to researchers, about 2% of the world's population currently suffers from contact dermatitis. The incidence of contact allergy decreases in patients over 40 years of age, i.e. the most socially active part of the population is susceptible to this disease [6]. According to researchers, 1 patient out of 6 develops sensitization to several provoking allergens [2].

The literature has accumulated a fairly large number of facts indicating a direct relationship between the health of the child population and the levels of air pollution. It has been established that harmful environmental factors can cause the development of chronic pathology of all organs and systems, in particular: the immune system, respiratory organs, gastrointestinal tract, liver, endocrine and a number of other systems. Large industrial cities are turning into centers of acute environmental problems. According to epidemiological studies, 25-30% of the population of developed industrial countries have various allergic manifestations.

In recent years, the incidence of allergic skin diseases has increased, which is associated with a large number of chemicals used in everyday life and at work, frequent use of drugs, and genetically modified products [6, 10, 13]. At the same time, to date there is no specific data regarding the frequency of occurrence of this skin pathology in the general population of dermatological patients.

The pathogenesis of ACD is currently not well understood, but it is known that ACD is a delayed-type allergic reaction. The general condition of the body, in particular the nervous and endocrine systems, is also of great importance [18, 32]. Most often, the process is localized in areas of the skin that are actively exposed to allergens - usually on the hands, forearms, face, and neck. Often in medical practice, one has to deal with atypical (inverted) manifestations of ACD; which can lead to diagnostic difficulties. Sometimes inflammatory changes go beyond the zones of action of

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sensitizing agents, spreading to other areas of the skin, but in this case, the degree of prevalence of the pathological skin process is not always taken into account.

In some cases, the severe, sluggish course of the disease leads to a limitation of vital functions, temporary loss of ability to work, social maladjustment, and deterioration of quality of life; insufficient effectiveness of therapy due to the complexity of the pathogenesis of this group of diseases also plays a role [6, 8, 14]. The intensity of inflammatory phenomena depends on the degree of sensitization developed in the patient to a given allergen, the frequency of contact with it, and the structural features of the skin of the affected areas [1, 6, 14]. The process of sensitization to a certain antigen can last for months and even years, and this condition is practically not clinically manifested.

It is important that the symptoms of ACD can not only be masked, but also complement the clinical picture of other dermatoses (for example, AD, eczema, psoriasis), which aggravates the difficulties of diagnosis. For example, 5-15% of patients with neurodermatoses (AD, eczema) have manifestations of ACD, often hidden behind the main skin pathology and complementing it. At the same time, the variants of the clinical course of ACD in patients with AD have not been sufficiently studied. To date, a fairly large number of etiological factors are known that can cause contact allergy phenomena, but it is very difficult to compare the relationship of rashes with a specific allergen, in this regard, an allergological examination is relevant. Currently, there are a number of approaches to the diagnosis and treatment of ACD and associated allergic dermatoses . However, no study of the specificity or comparative analysis of allergological diagnostic methods has been conducted. In addition, indications for allergy testing have not yet been determined due to the lack of clear clinical and anamnestic criteria and a single, systematic diagnostic approach, which, in turn, affects the timely selection of the correct treatment method.

In this regard, the purpose and objectives of the study were formulated.

Objective: to develop a differentiated approach to diagnostics, treatment and preventive measures for ACD and associated allergic dermatoses based on clinical and epidemiological analysis, allergological and immunological parameters.

Tasks:

1. To identify the frequency of occurrence of AKD based on the number of visits to dermatological patients.
2. Provide a clinical and allergological description, determine the variants, features of the clinical course of ACD and its impact on the clinical picture of other allergic dermatoses using a comprehensive examination.
3. To study the diagnostic significance of application test systems with chemical carriers in dermatological and allergological practice.
4. To study the incidence of atopy based on the results of skin testing in patients with ACD and AD.

Novelty of the study

For the first time in this study, the frequency of occurrence of AD was determined by the number of visits to dermatological patients.

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Based on the results of the clinical-anamnestic, allergological study using application test systems with chemical carriers and skin testing, the spectrum of the most common allergens in patients with AD and associated allergic dermatoses was determined . High diagnostic value of application test systems with chemical carriers in patients with various dermatoses was demonstrated. The frequency of atopy in patients with ACD and AD was determined. For the first time, based on the differentiated comprehensive examination, various clinical variants of the course of allergic dermatoses were characterized, the effect of ACD on the clinical picture of other allergic dermatoses was shown , such as true eczema, varicose eczema, psoriasis, seborrheic dermatitis, perioral dermatitis, underestimation of which in some cases led to errors in diagnosis of the disease; For the first time, in biopsy material from patients with ACD, using polymerase chain reaction "in real time", an assessment was made of the level of expression of cytokine genes that participate in the pathogenetic mechanisms of development of delayed-type hypersensitivity in ACD, as well as the level of antimicrobial peptides (defensins).

Conclusions:

This work demonstrates the clinical significance of the participation of contact hypersensitivity using the example of ACD in the development of exacerbations of such allergic dermatoses as AD, true eczema, varicose eczema, psoriasis, under the influence of provoking factors - contact allergens.

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