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Allergic contact dermatitis to chlorhexidine-containing antiseptics and their excipients in children: a series of six cases

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Since the onset of the recent COVID-19 pandemic, there is increased attention to infection-control measures with chlorhexidine being a widely used antiseptic. Chlorhexidine-induced dermatitis is often undiagnosed and mistaken for other skin diseases. We performed patch tests (PT) with aluminium Finn Chambers (Smart Practice Canada, Calgary) with chlorhexidine digluconate 0.5%, benzalkonium chloride 0.1%, benzyl alcohol 10% (Chemotechnique Diagnostics, Vellinge, Sweden), benzyl alcohol 1% and 5% (Smart Practice Europe GmbH, Graven, Germany) in six children (1-16.5 years old) with severe contact reactions to chlorhexidine-based antiseptics (Biseptine®) and cosmetics. Results were measured according to criteria recommended by the International Contact Dermatitis Research Group (ICDRG). Patch tests responses to chlorhexidine, benzyl alcohol and benzalkonium chloride varied

from one child to another one, but most children were sensitized to at least two components. Patch testing remains the testing method of choice, including in young children. Persistent responses to PT may reflect the severity of allergy. In several of the cases, exposure had initially occurred in the neonatal period, but diagnosis occurred only after multiple reactions of increasing severity. Contact allergy to chlorhexidine, benzyl alcohol and benzalkonium chloride should be considered in children with severe eczema. Low concentration benzyl alcohol should be included in the standard battery of PT in very young children with suspected allergic contact dermatitis. The sensitization of young children to very low and non-declared concentrations (1%) of benzyl alcohol in cosmetics suggests it may be important to report this ingredient as a component of antiseptics and cosmetics, even in low concentration.

Biography

Born in Greece, in 1972, Dr Kefala studied medicine, she became a specialist in Paediatrics, Neonatology and Neonatal Intensive care. She had Master of Sciences in Methodology of Medical research with thesis in tuberculin index in children. Later, she became a specialist in Paediatric Pneumo-Allergology by working in clinics and following courses in Belgium, France, and England. Dr Kefala had a HERMES Spirometry Diploma in 2017.

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