

DEFINITION OF ETIOPATHOGENETIC FACTORS IN PATIENTS WITH VARIOUS CLINICAL FORMS OF ECZEMA

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Dermatology
Poster

RELEVANCE. Eczema is a common allergic skin condition that has shown a trend towards more severe clinical courses in recent years, leading to a decrease in the work capacity and social activity of patients. Therefore, an important medical task of today is to identify the possible etiopathogenetic factors of the most common clinical forms of eczema (true, microbial) in order to enhance the effectiveness of their treatment.



Idiopathic form of eczema

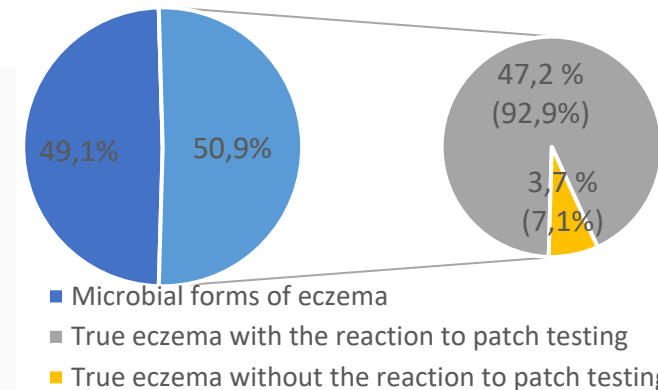
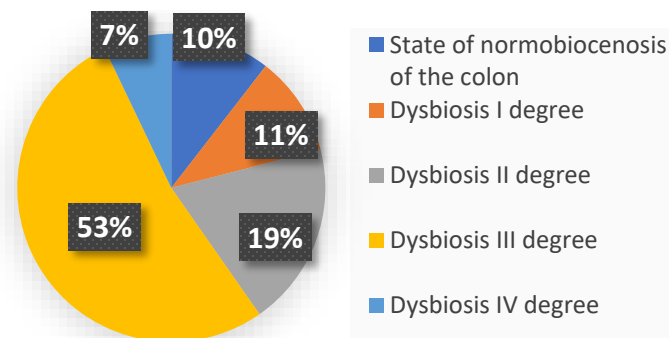


Microbial form of eczema (infectious dermatitis)

THE AIM OF THE WORK. By conducting patch tests on patients and examining the condition of the microbiome in the distal part of their intestines, we aim to explore the potential etiological factors of both true and microbial forms of eczema.

MATERIALS AND METHODS. A total of 57 patients with eczema were examined (27 men, 30 women) aged between 21 and 78 years. For patch testing, an application patch test system (European Baseline Series S-1000) with 30 haptens was used. The state of the microbiome in the large intestine was studied using microbiological methods.

RESULTS. In 28 patients, true eczema was diagnosed, while 29 had microbial forms of eczema (paratraumatic, varicose, nummular). As a result of patch testing, it has been established that the haptens C-017A (Cobalt (II) chloride hexahydrate), Mx-30 (Textile dye mix), and P-014 A (Potassium Dichromate) more frequently provoke a positive skin reaction, while P-006 (p-PHENYLENEDIAMINE) and N-002A (Nickel (II) sulfate hexahydrate) do so less often. The skin reaction to patch testing was more frequently observed in patients with true eczema (in 92.9%) and less often (in 58.6%) in those with microbial forms of eczema. In the study of the microbiome of the large intestine, a state of normobiosis was established in 6 (10.5%) patients, while 51 (89.5%) exhibited dysbiosis of degrees I - IV (a decrease in the levels of Bifidobacterium and Lactobacillus, an increase in the content of Enterobacter, Proteus, Candida, staphylococci, etc.). More significant manifestations of dysbiosis of the large intestine (grades II-IV) were more frequently recorded in patients with microbial forms of eczema than in those with true eczema (72.4% vs. 28.6%, respectively).



CONCLUSIONS. A pronounced skin reaction to chemical haptens during patch testing was more frequently recorded in patients with true eczema, while patients with microbial forms of eczema exhibited more significant manifestations of dysbiosis in the large intestine — a possible cause of microbial sensitization in them, which should be taken into account when examining and treating such patients.

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