

## Irritant Contact Dermatitis to Medical Adhesive Bandage: An Occasional Sticky Problem

Dear Editor,

Allergies to medical adhesive bandages is uncommon clinical problems despite being widely used procedures in both outpatient and inpatient settings.<sup>[1]</sup> While studies based on patch tests reveal that proven allergic contact dermatitis (ACD) is infrequent and most cases might result from irritant reaction or irritant contact dermatitis (ICD). Tape allergy is reported by 0.3% of patients in a large scale electronic record-based study and also concluded that true tape allergy is rare. Most of these are nonallergic tape reactions.<sup>[2]</sup> Other complication of adhesive dressing or medical adhesive related skin injuries are erosion, vesicle or bullae formation, skin tears, maceration, or folliculitis.<sup>[3]</sup> Plastic-like chemicals called acrylates or propenoates are also responsible for some allergic reaction from bandage adhesive tapes.

A 12-year-old male child was brought to us with a history of injury to the left shoulder region. Radiographs revealed distal clavicular fracture with mild acromioclavicular subluxation. A strapping by adhesive tape (Stretchoplast®, CPL, Chetna Polytex Pvt. Ltd., India) was done supported by an arm pouch sling. The complaints of itchiness in the area covered by tape next day lead to removal of the dressing. There was a patch of skin rash with few vesicles in the area covered by tape [Figure 1]. There were no systemic feature of inflammation, infection or hypersensitivity and patient was stable. The area was washed with sterile water and lacto-calamine lotion was applied as emollient and soothing agent. The skin condition healed in the following 5 days without recurrence or remote complication.

A thorough medical history and documentation about any known presence and type of skin allergies at the time of admission by doctor and in the ward by nursing staff is good policy. ICD usually occurs within few hours in the form of crusts, erosion, vesicles, or scaling.<sup>[4]</sup> Patch testing, that is, gold standard should be advised in all cases to know more about the type of allergen.<sup>[5]</sup> Avoidance or removal of allergen, emollients for protective skin barrier, and use of anti-histamine for pruritus are generalized treatment. Serious cases may require topical corticosteroid on specialist consultation. Usually, most of



**Figure 1:** The clinical picture of irritant contact dermatitis over wide spread skin area covered by the adhesive tape

the newer available adhesive dressings (like surgical cloth tape) tapes are hypoallergenic for a safer experience. ACD, on the other hand, is serious complication and knowledge and anticipation of this entity should be known to nursing staff and the standard operating principles regarding further management should be tailored. These cases are uncommon but frequently remind us of acknowledgement of these rare events and should make us prepared for the next occurrence.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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