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Published in:
Contact Dermatitis

DOI:
10.1111/cod.13141

Publication date:
2019

Document version
Accepted manuscript

Citation for published version (APA):

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Download date: 23. Jan. 2021
A tale of two poles

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Conflict of interests: Evy Paulsen principal investigator for SmartPractice™ previously. The other authors do not declare any conflicts of interest

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Running head: Pole dancers dermatitis due to colophonium

Keywords: allergic contact dermatitis; case report; colophonium; abietic acid; pole dancing, atopic dermatitis
We present 2 cases of allergic contact dermatitis due to colophonium in Liquid Chalk, an adhesive product used for improving grip when pole dancing as a fitness exercise.

Case reports

Case 1: A 22-year-old woman was referred to the department because of dermatitis on the inside of elbows, popliteal fossa, abdomen and thighs corresponding to where she was in contact with the pole used for pole fitness. She had a history of dermatitis due to band aids, stickers and a colophonium-containing wart removal agent.

Case 2: A 23-year-old woman who had been pole dancing for 1.5 years developed dermatitis in the popliteal region, thighs, upper arms, neck and behind the ears after pole dancing. The dermatitis subsided when she refrained from pole dancing. The patient had a history of atopic dermatitis in childhood and dermatitis due to medical tape.

Both women trained at a local sports centre by pole dancing on dry coated metal poles (the manufacturer refused to divulge the composition of the dry coat, the poles according to the patients “most likely contained nickel”). To improve grip, Liquid Chalk with a high content of colophonium was used.

Patch testing was performed using the European baseline series (TRUE Test Panel 1-3, Smart-Practice/Mekos, Hillerød, Denmark) supplemented with additional allergens in Finns Chambers on Scanpor tape (SmartPractice, Phoenic, Arizona) for 2 days. Readings were performed on day (D) 3 and D7, according to published guidelines (1). The patients were both tested with colophonium and case 2 also with abietic acid 10% pet. None of the patients reacted to nickel, both patients had strong reactions to Liquid Chalk tested “as is”, colophonium and case 2 also reacted strongly to abietic acid.

Discussion

Colophonium is a well-known allergen in rosin-based adhesives, and abietic acid is regarded as the major allergen component (2). It appears that the patients both had been sensitized using band aids/medical tape. As a pleasant surprise none of the two young women were allergic to nickel. As pole dancing dermatitis to nickel has been reported previously, this had actually been suspected (3). Thus, it seems that the dry coat on the poles is an effective protectant. One patient had a history of atopic dermatitis. A distribution pattern vaguely reminiscent of atopic dermatitis in young women is an important clue to pole dancing dermatitis.
References


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