CDC: Slightly More Adults Seek Skin Screening Than in 2000

San Francisco — The prevalence of skin cancer screening among U.S. adults inched higher during the first half of this decade, according to the Centers for Disease Control and Prevention.

In 2000, one in seven adults said they had ever undergone a head-to-toe skin exam by a dermatologist or other physician. By 2005, this figure rose to one in six, Naheed A. Lakhani reported at the annual meeting of the American Academy of Dermatology.

Skin cancer screening appropriately was more common among groups at greater risk, including whites, individuals over age 50 years, and those with a personal or family history of skin cancer, noted N. Kamran Khan, M.D., of the Coordinating Office for Global Health at the CDC.

She presented an analysis of data from the National Health Interview Survey conducted in 2000 and 2005. Each survey embraced a nationally representative sample composed of roughly 30,000 civilians and noninstitutionalized adults.

In 2000, 15% of U.S. adults reported ever having had a total body skin screening exam given by a physician. By 2005, this figure had reached 17%. The prevalence of skin cancer screening was 16% among men and significantly higher at 18% in women.

Skin cancer screening prevalence was highest, at 69%, among individuals with a personal history of any form of skin cancer. People with a family history of melanoma were more than 2.4-fold more likely to have ever had a physician-administered total body skin exam, compared with individuals without such a history. Those with a familial history of nonmelanoma skin cancer were 1.76-fold more likely to have undergone a screening exam.

Nearly one in five white adults reported ever having been screened for skin cancer by dermatologists, according to a report from the National Cancer Institute.

In 2000, 3% of adults reported having been screened by dermatologists for melanoma. By 2005, this figure had reached 6.3%.

Top Contact Allergens in U.S. Children

Nickel and cobalt. These two allergens are listed jointly because they’re mixed together in iron ore and often cosensitize. Nickel, named the American Contact Dermatitis Society’s “Allergen of the Year” for 2008, will be the target of a planned multinational initiative to reduce environmental nickel release.

Nickel is found in many metal objects, including jeans snaps, zippers and orthodontic braces. Chocolate is the top food source.

Neomycin. The No. 2 contact allergen in U.S. adults for the last 30 years, this antibiotic is also a cause of ACD in kids.

Balsam of Peru and fragrance mix. This combination contact allergen is widely utilized to impart flavors to many products as well as perfumery.

Formaldehyde and quaternium-15. A common preservative, formaldehyde is a major cause of systemic allergic reactions.

Potassium dichromate. Cement, leather, and watch straps are often implicated in pediatric ACD.

Colophon. This allergen is often present in adhesives and cosmetics.

Lanolin. This alcohol extraction of sheep’s wool is used as an emulsifier and emollient. It is found in cosmetics, creams, and leather.

Carbamates. Commonly causing ACD, carbamates are used as accelerators in rubber.

Para-phenylenediamine. Watch out for this in temporary tattoos.

Sorbital sesquioleate. An emulsifier increasingly used to enhance penetration of topical medications, including corticosteroids. It’s also present in many diaper balms.

Disperse dyes. These are found in clothing and diapers.

Source: Dr. Jacob

Exotic Tinea Capitis Cases May Signal a Shift

MAUI, HAWAII — The first two multicenter studies of patch testing conducted in American children have established that the same ubiquitous allergens responsible for most allergic contact dermatitis in U.S. adults are similarly prevalent and clinically relevant in the pediatric population.

The two studies demonstrated that comprehensive patch testing in children using the same allergen concentrations as in adults is both safe and efficacious, Dr. Sharon E. Jacob said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

One study was conducted by the North American Contact Dermatitis Group (NACDG). It involved 391 children—including 144 under 6 years old—all of whom were 13 years old—and 9,670 adults with recalcitrant dermatitis who were patch tested using all or part of the 65-antigen NACDG screening series. Fifty-one percent of the children and 54% of adults proved to have at least one positive patch test deemed clinically relevant, meaning that the offending allergen caused the patient’s symptoms (Arch. Dermatol. 2008;144:1329-36).

Dr. Jacob was the lead investigator in the other study, in which 65 children (aged 1-18 years) with recalcitrant dermatitis were patch tested. Of the children, 50 (77%) had one or more positive patch test results considered clinically relevant (Pediatr. Dermatol. 2008;25:520-7).

Both studies were retrospective and involved referral populations.

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