



Title	A study looking at the role of food causing early and delayed aggravation of atopic dermatitis in Chinese children
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C-D-1

A Community-based Epidemiological Study of Acne Vulgaris in Hong Kong

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Introduction: This is population-based prevalence study on acne in Hong Kong.

Methods: The prevalence and severity related to acne was assessed in a randomized sample of 522 persons (aged 15-25 years) by questionnaire survey out of 5522 telephone interview in Hong Kong.

Results: The overall prevalence of self-reported acne, at least to a slight degree, was 91.3%. 52.2% had acne at the time of interview. There was higher prevalence among 15-20 year age group (55.9%) than 21-25 year age group (43.5%). ($P=0.012$) Acne scars and pigmentation as a reflection of moderate to severe acne were present in 52.6%. 26.6% were disturbed psychologically by acne and 82.9% were related to physical appearance. 24.5% and 20.5% knew that acne was caused by increased sebum excretion and blockade of the pilosebaceous units respectively. 12.4% of their reply was total lack of knowledge on the causation of acne. Only 2.4% had sought advice from doctors for the management of acne. 41.5% had used some forms of medical treatment for acne. Topical treatment comprised 94.7% of medication used for acne.

Conclusion: The results show that acne and its complication are common problems. The therapy of acne scars and pigmentation is difficult and complicated by Asian skin phototypes. The findings suggest the need for refined education programs to ensure that adolescents understand their disease, know from whom they should seek advice and what timely effective treatments are available so that acne complication can be reduced.

C-D-2

A Study Looking at The Role of Food Causing Early and Delayed Aggravation of Atopic Dermatitis in Chinese Children

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Introduction: Atopic Dermatitis (AD) patients have an increased incidence of IgE mediated allergy to various allergens. Double blind placebo controlled food challenge (DBPCFC) is the gold standard for food allergy. Immediate or late reactions may occur. Skin prick tests (SPT) and RAST tests have high sensitivity but low specificity. Breneman showed that DMSO-suspension food patch tests (DIMSOFT) could identify patients with delayed reactions. In Hong Kong, many AD patients considered that crustacean seafood aggravates their AD. Interestingly, crustacean seafood also had the highest rate of positive prick test in Asian countries, unlike western countries. However, no food challenge studies on crustacean seafood had been done. This pilot study aimed at investigating the local pattern of SPT positivity, the predictive values of SPT and DIMSOFT for food allergy, and the validity of one-day DBPCFC in identifying food-induced aggravation in AD.

Methods: A questionnaire survey on food-induced allergy or aggravation was done on AD patients. Patients with positive history were recruited for SPT and DIMSOFT of 20 foods. Extended 3-days DBPCFC and open challenge tests were performed with lobster and shrimp.

Results: In the questionnaire survey of 181 patients, crustacean seafood was most commonly considered allergic. 41 patients entered for SPT and DIMSOFT. SPT positive result was most common for shrimp, lobster and crab. DIMSOFT showed definite positive result in one patient and borderline reaction in seven others. Both skin tests had positivity significantly correlated to concomitant asthma ($p=0.016$, $p=0.039$). 22 patients completed the extended 3-day DBPCFC on lobster and 14 on shrimp. No immediate or delayed reaction occurred. Aggravation occurred in 3 patients for lobster and 1 patient for shrimp. When using SPT to detect aggravation, the sensitivity and specificity were 33.3% and 68.2% respectively for lobster: and 100% and 92.3% respectively for shrimp. When using DIMSOFT to detect aggravation, the sensitivity and specificity were 0% and 94.7% respectively for lobster and 0% and 100% respectively for shrimp.

Conclusion: In conclusion, in Chinese, crustacean seafood was the commonest food allergen and skin tests should be interpreted with clinical correlation to diagnosis food allergy.