

## ON THE SIGNIFICANCE OF THE TRICHOPHYTIN REACTIVITY IN ATOPIC DERMATITIS

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Patients with pure atopic dermatitis with and without tinea infection were investigated and compared with patients with long-lasting tinea infections and with controls, for presence of intracutaneous reactivity to trichophytin, *Penicillium*, *Cladosporium* and *Alternaria* antigens. RAST for *Penicillium* and *Cladosporium* was also performed. The results showed a lack of delayed reactivity, but an immediate reactivity to trichophytin in 50%/40% of atopic patients with/without tinea infection. Non-atopics infected with tinea showed 66% immediate and 33% delayed response to trichophytin. The reactivities in atopic dermatitis (but not in the non-atopic group) were general parallel with mould reactions tested intracutaneously or by RAST. It is assumed that a positive trichophytin reaction in atopic dermatitis does not necessarily mean sensitization to dermatophytes, but is primarily the sign of a cross sensitivity to moulds.

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### DISCUSSION

*Jones (Atlanta)*: I agree that the IgE antibody to airborne molds and not sensitization to trichophytin may be the

primary route, but we saw no detectable reactivity until the 32nd day in experimental trichophytin infection.

*Q*: Do your patients with persistent fungal infections develop later, in other conditions such as lymphomas?

*A*: During the time I observed, they did not, but this was not long enough to answer the question.

*Vickers (Liverpool)*: I have only rarely seen in England severe atopic dermatitis patients with widespread fungal infections. Does this depend on genetically different material?

*Jones*: I have never observed an atopic dermatitis patient with widespread extensive fungal infection. My patients had atopic respiratory disease and mild eczema.

*A*: That was an interesting point. In spite of some climatic resemblances to Great Britain, our material is different. I will clarify that I have not seen extensive fungal infections in my patients, but long-lasting, therapy-resistant ones.

*Hanifin (Portland)*: The overall incidence of fungal infection is decreased in atopic dermatitis, perhaps due to shedding of the skin unfavourable for dermatophytes. Perhaps we have cases where the atopic dermatitis obscures the fungal infection and they are thus not detected. So, in rare instances, atopic dermatitis patients do develop very striking dermatophytosis.