

THE PROBLEM OF DIAGNOSIS OF METAL ALLERGY IN A CLINICAL CASE

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Abstract. The number of patients with clinical manifestations of allergies demonstrates annual growth worldwide. The most common allergens are household and pollen ones, but there is growing evidence of increase in the number of people with hypersensitivity to metals. The main clinical symptoms are stomatitis, gingivitis, sinusitis, but in some patients we observe systemic manifestations: chronic urticaria, angioneurotic edema, bronchial asthma. The prevalence of allergy to metals is high in the general population, and it is estimated that up to 20 % of Europeans and up to 17 % of the US population suffer from nickel allergies, 4 % are hypersensitive to chromium and about 7-9 % of the population are sensitized to cobalt. Clinical manifestations of allergy to metals may not appear immediately in the first days or even weeks after the installation of metal structures. Due to the peculiarity of the immune response, the symptoms of the disease may manifest atypically and are difficult to diagnose. In patients after hip or knee replacement the allergic reaction may manifest itself not as urticaria or allergic rhinitis, but as aseptic bursitis or prolonged poor postoperative wound healing, muscle necrosis or pain at the site of surgery. Cobalt may induce local apoptosis and lymphocytosis, leading to marked local tissue damage.

Our patient had symptoms of allergy to dental implants for two years, but they were disguised as laryngotracheitis, sinusitis, and obstructive bronchitis. After receiving the diagnostic results, it was decided to remove the implant and prescribe desensitizing therapy. After 2 weeks after the removal of the metal structure, and currently, the patient has no complaints and clinical manifestations of laryngotracheitis, sinusitis, and bronchitis. So, patch testing is a simple and reliable method of contact allergy diagnosing.

Key words: allergy to metals, dental implants, patch testing.
