

Viola duet: A rare case of double sensitization to contact allergens in a professional musician

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Due to long hours of practice, professional musicians often develop occupational skin diseases.¹ String players have the highest risk of contact dermatitis, often suffering from “fiddler's neck”,² most frequently due to irritant contact dermatitis (ICD) while allergic contact dermatitis (ACD) is rarely reported.¹ Nickel sulfate and colophonium are the most commonly reported sensitizers.

CASE REPORT

A 19-year-old woman presented with pruritic skin lesions on the neck. She was a professional viola player, practising several hours a day. She had no history of skin diseases.

On examination, erythematous and eczematous plaques on the left submandibular and supraclavicular areas were noted (Figure 1A), matching the areas contacting the metal bracket of the viola chin-pad, which contained nickel. She was advised to use a plastic chin-pad.

Five months later the neck lesions aggravated, as the patient did not replace the chin-pad, but instead used a cloth to cover the bracket. She was applying topical steroids almost daily without achieving lesion control. She also described an episode of widespread facial erythema with intense pruritus (Figure 1B) after a period of several hours of practising.

Patch tests were performed with the European Baseline Series³ on IQ-Chambers (Chemotechnique Diagnostics, Vellinge Sweden) applied on the back with occlusion for 48 h. At day (D) 3, strong positive reactions⁴ were observed to 5% nickel sulfate (++) and 20% colophonium (++) (Figures 2,B). A semi-open patch test performed on the forearm with the powder of rosin was positive after D3, but negative to hypoallergenic artificial rosin.

Avoidance of nickel and colophonium was initiated: the metal-bracket chin-pad was replaced by a chin-pad with plastic brackets and she began to use a hypoallergenic artificial rosin oil without



FIGURE 1 Skin lesions on (A) the neck and (B) face of the patient

colophonium. After treating the existing lesions with topical corticosteroids and the start of the avoidance measures, no recurrence was observed during 6 months follow-up.

DISCUSSION

ACD results in a considerable burden in professional musicians. Several case reports described ICD (“fiddler's neck” type 1) while others reported sensitization to colophonium used on the bow. To our knowledge, this is the first case reporting concomitant sensitization to nickel (“fiddler's neck” type 2) and colophonium in a professional musician.^{5,6} This case illustrates the need to consider more than one sensitization when one allergen does not explain all the symptoms.

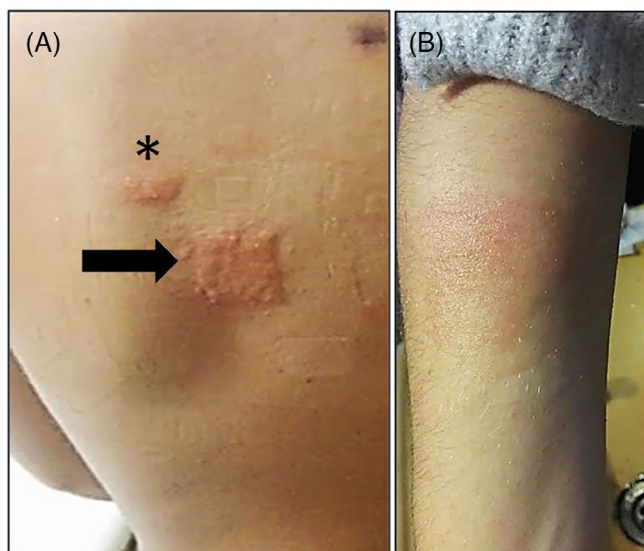


FIGURE 2 (A) Skin patch test at 72 h showed strong sensitization to colophonium (asterisk) and nickel (arrow); (B) Reaction to colophonium on the forearm

Many allergens may be present in the metals and woods of instruments; however, recent studies indicate that ACD, as an occupational skin disease, is a rare diagnosis in musicians.⁷ Large scale epidemiological studies are required to learn if multiple sensitizations are frequent among musicians and which allergens pose the highest risks and in which instruments. Musicians, instrument manufacturers, and physicians may consider measures to identify and avoid frequent allergens.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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