Arguments in favour of excluding MDBGN from the European baseline series. In response to “Comment on MDBGN/DBDCB, the European baseline series, and EU legislation”

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Conflicts of interest
The authors have no conflict of interest to disclose.

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To the Editor,

We would like to thank Liden and White for their “Comment on MDBGN/DBDCB, the European baseline series, and EU legislation” regarding our publication and their thorough and accurate review about legislation concerning methyldibromo glutaronitrile (MDBGN) in Europe. We are aware that the information about the current status of legislation was not provided in our article, however, such type of review was beyond the scope of our research and unrelated to our objective. Additionally, the information submitted by the biocides helpdesk in Spain at our request, regarding the opinion of the Biocidal Products Committee, specifically mentioned its use in paints omitting any mention to other possible applications of MDBGN as a PT-6 biocide. Liden and White seem to suggest that there is currently a widespread and uncontrolled use of MDBGN in Europe and attribute to this fact a maintained high frequency of positive patch tests to this allergen. We disagree with that statement for the following reasons.

The results of several epidemiological European studies including ours showed a declining trend in the frequency of contact allergy to MDBGN in Europe since its banning from cosmetics, indirectly reflecting a good compliance with the regulatory issues by manufacturers. This declining trend was especially evident when we stratified by age groups, the younger individuals significantly showing the lower frequency of positive tests. Accordingly, we only found one positive test involving one patient out 343 under 20 years-old tested. If the exposure to MDBGN were already widespread or uncontrolled, the differences among the age groups would have been less noticeable and we would have encountered more sensitized individuals within the youngest group.

Patch testing with MDBGN is problematic and, as we stated in our paper, the concentration used at this moment in the European baseline series (0.5% in pet) could cause an overestimation of the frequency of positive tests. Similar conclusions were reached by Schnuch and coworkers when they found that the number of positive tests had more than doubled when the concentration for patch testing was increased from 0.2% to 0.3% in Germany. These authors considered this increase not to be relevant, as they believed that there was virtually no exposure and questioned the specificity of the 0.3% concentration.

Liden and White suggest that “omitting the substance from the baseline series, instead of tracking exposure more efficiently, will harm surveillance and prevention of skin sensitization and allergic contact dermatitis”. Clearly, the most troublesome step involving the investigation of these patients is the assessment of relevance and track possible exposures. However, all dermatologists collaborating in the registry are members of the Spanish Contact Dermatitis Research Group (GEIDAC) who follow the patch testing guidelines of the European Society of Contact Dermatitis including the relevance assessment. The exposure to MDBGN in cosmetics was ruled out in most patients, except in one who was exposed to cosmetics from outside the EU. If occupational exposures to MDBGN as TP6 biocide or in undisclosed mixtures, were causing the sensitization in our patients, the proportion of occupational dermatitis...
among those with positive patch tests to MDBGN would have been higher than in negative patients, but we did not find significant differences. Additionally, following the Regulation EU No 528/2012, since 2018 whoever wants to use MDBGN as a TP6 biocide in a product, must ask for permission to the national authorities of the country where it is manufactured. According to the information submitted by the biocides helpdesk in Spain, said permission has not been requested or given thus the exposure in occupational settings is likely limited in Spain. We believe it would be of great interest to know the number of permissions given by other European Biocide Committees.

Finally, although sensitization through topical drugs or medical devices is possible, it seems quite infrequent with only two cases been reported in Portugal related to a NSAID cream where MDBGN was identified in the label. We understand the concern of Liden and White about the role of patch testing to monitor the frequency of contact allergy to MDBGN, but we do not believe we should do so indefinitely. In our opinion, if we keep in mind that currently, the uses of MDBGN are scarce, it seems much more appropriate to patch test MDBGN in specific series only when clinically suggested. With the application of the existing legislation restricting the use of MDBGN, the outbreak of contact allergy to MDBGN was controlled in the past and is still kept under control. We agree that now there is a dire need to create legislation in order to classify MDBGN (ideally as skin sensitizer) so it becomes mandatory for manufacturers to disclose it on the labels. This way, we will be able to perform a more efficient risk assessment as well as primary and secondary prevention. If we do not do so and wait until the sensitization frequency rises in baseline series, provided that happens, it will be too late. However, our aim as clinicians participating in an epidemiological surveillance network such as REIDAC should be to keep our patients safe not only by detecting emerging (new and old) allergens but at the same time by avoiding unnecessary tests.
Bibliography


