

without having a negative impact on the early treatment of serious skin diseases.

Appropriate training of the family practitioners and pediatricians at the primary care level and the implementation of tele dermatology referrals³ are approaches that help dermatology services deliver appropriate care to resolve each patient's true needs.

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Suitability of patch testing in foot eczema[☆]



Eccema de los pies: oportunidad de las pruebas epicutáneas

Inflammatory skin diseases of the feet and hands can have a marked effect on the quality of life of both adults and children. While some authors consider concomitant involvement of hands and feet as a sign of a potentially endogenous cause, others show the presence of contact allergy in more than 50% of patients with this clinical condition.¹

In their article, Sánchez-Sáez et al.² analyze the characteristics of 308 patients with foot eczema evaluated between 2004 and 2016 at the Skin Allergy Unit of the Dermatology Department of Hospital General Universitario de Alicante (9.4% of all cases during the study period). Their observations enable us to draw relevant conclusions for daily clinical practice. Their main conclusions are as follows:

- Performance of contact allergy testing in adults with foot eczema shows that the most commonly involved allergen in our setting is potassium dichromate. In addition, compared with patients with eczema at other sites, contact allergy is significantly more frequent and there are more clinically relevant positive results. These findings seem to be more common in geographic areas with hotter and more humid climates.³
- Negative patch test results are useful, especially in cases of concomitant hand and foot disease, since they support a clinical diagnosis of psoriasis (which may be histopathologically indistinguishable from hyperkeratotic eczema⁴) or atopic dermatitis.

- The recommendation to refer children with treatment-refractory atopic dermatitis or lesions on the feet and/or hands to the skin allergy unit is valid and consistent with recommendations from other authors.⁵ Nevertheless, while the feet are considered a clinically atypical site, infantile atopic dermatitis often presents at this location.⁶

The study published in the current issue of *ACTAS DERMOSIFILIOGRÁFICAS* enables us to better understand the importance and scope of patch testing in patients with foot eczema, irrespective of whether they have concomitant hand eczema. It should also lead us to consider changes in our and our patients' choice of footwear.

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