

Comment on “How to improve the clinical experience for dermatology patients requiring a genital examination: A randomized trial of deodorizing wipes versus standard of care”



To the Editor: We were interested to read Rajanala et al's report¹ on their randomized trial in which scented wipes were offered to improve the experience of dermatology patients requiring a genital examination. We agree that efforts to reduce patient discomfort associated with this examination are important.

However, we are concerned that the product offered is a fragranced wipe. Wet wipes are a known potential source of allergic contact dermatitis (ACD).² They contain preservatives and often also fragrances: 2 well-known allergen groups capable of causing ACD. The Nice 'n Clean Scented Baby Wipes contain linalool, citronellol, geraniol, and coumarin (among other fragrances) and the preservatives phenoxyethanol and sodium benzoate.

Some patients presenting with a dermatologic condition affecting their genitals may already be impacted by ACD. In their retrospective analysis of data from >1000 patch-tested patients over a 17-year period, Bhate et al³ found that, of the 30 individuals with genital dermatitis, 11 (30%) had a diagnosis of relevant ACD. The top 3 allergens identified in their study were fragrance-related, “underscoring the importance of using fragrance-free products on mucosal skin.”³

Wet wipes were significantly associated with anogenital ACD in a retrospective analysis from the North American Contact Dermatitis Group.² Unsurprisingly, the most common allergens associated with wet wipes in this study of data from 2011 to 2014 were the preservatives methylisothiazolinone and methylchloroisothiazolinone.² These have since been removed from many wipes because of their propensity to cause ACD. However, fragrances were also implicated in this study, representing 12.3% of positive patch test reactions to allergens found in wipes.²

Promoting the use of scented baby wipes among patients, whose chief complaint relates to a dermatologic condition on their genitals, is of concern. Preexisting genital dermatoses can predispose a patient to skin barrier dysfunction and subsequent increased penetration of allergens and risk of developing ACD.⁴

The one-time use of a scented wipe is unlikely to cause harm for most patients. However, the offering

of a scented baby wipe for use on the genitals in the clinic might mislead patients to believe that this is “dermatologist-approved” and is an appropriate product for regular use. Patients are not asked to clean other body parts before examination. The provision of wipes for the genitals might instill in patients the belief that this area should always be cleaned and perfumed before being seen. This message could encourage self-consciousness and excessive hygiene practices.

Rajanala et al¹ have demonstrated a significant increase in patient satisfaction and their overall experience with the simple and low-cost intervention of offering a baby wipe before an examination. The authors have acknowledged that the offer itself may have contributed to the increase in patient satisfaction, as opposed to the actual use of the wipe (which was not measured). This should be determined before the wider use of wipes is considered in the clinic, where another gesture of kindness might similarly improve patient satisfaction. If it were indeed the use of the wipes that improved patient experience, a fragrance-free wipe with low allergenic preservatives would be preferable.

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Conflicts of interest

None disclosed.

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