

Commentary on Cosmetic Contact Allergens

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Description

In Europe cosmetic is defined as any substance or preparation that is intended to be placed in contact with the various external parts of the human body (hair system, epidermis, lips, nails, and external genital organs) or with the teeth and mucous membranes of the oral cavity with the sole or primary purpose of cleaning, perfuming, changing their appearance, and/or correcting body odours and/or protecting them from infection. Although the term may differ significantly in different nations, it is clear from this description that cosmetics are a part of everyone's daily lives. As a result, rules generally stipulate that cosmetic goods must not harm human health when used in normal or reasonably anticipated situations. A wide range of cosmetic allergies come into contact with human skin. Fragrance, preservatives, and hair dyes are the most common causes of allergic contact dermatitis. Such reactions can often be occult. As a result, while assessing a patient with facial or cosmetic dermatitis, a strong index of suspicion is required. This article examines why so many chemicals are used in everyday life, how dermatologists track developments in cosmetic allergy, and a number of new and emerging allergens to consider in the assessment of suspected cosmetic allergy.

Cosmetics can induce a variety of side effects. Cosmetics can induce contact urticaria, delayed-type hypersensitivity, photosensitization (phototoxic or photoallergic), pigmentary diseases, hair and nail damage, paronychia, acneiform eruptions, folliculitis, and exacerbation of pre-existing dermatoses, among other things. The most common cause of cosmetic allergy is skin care products, followed by hair care preparations and nail cosmetics. Fragrances and preservatives are the two most common allergies. Cosmetics can

cause Allergic Contact Dermatitis (ACD) due to allergenic ingredients commonly found in cosmetics. The face and neck are the most prevalent locations of response. Fragrances and preservatives are the most common allergies in cosmetics. Dermatitis affecting the cheeks, eyelids, lips, and neck, for example, should raise the suspicion of a cosmetic-related contact allergy. When examining patients with suspected cosmetic dermatitis, patch testing with a comprehensive screening series, augmented by the patient's own personal care products, should be evaluated. Once the culprit allergen has been identified, a strict avoidance regimen must be implemented. There is one notable exception: cosmetics appear to be one of the leading causes of Allergic Contact Dermatitis (ACD). We are aware that the process of identifying, characterising, and assessing the safety of compounds that potentially induce ACD is now being reviewed at a high level, particularly in relation to scent allergy. Furthermore, this review occurs at a time when toxicology is transitioning away from in vivo approaches and toward the brave new world of in vitro assays. This is especially true in the fields of skin sensitizers, contact allergies, and ACD.

The article delves into the clinical significance of cosmetic allergens, such as hair dyes and preservatives, as well as the immunological and biological mechanisms underlying chemical allergen-induced contact allergy, toxicology, and the possibility of identifying their allergenic potentials using non-animal testing, with the ultimate goal of eradicating contact allergy to cosmetics.

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