

FEATURES SECTION

Letters to the Editor

Dear Sir,

The authors of the article 'Nickel allergy and orthodontics' (*J. Orthod*; 30(2): 171–4) conclude by recommending that nickel–titanium wires should be avoided in nickel-sensitive patients. Yet they quote evidence that some 30% of females are nickel-sensitive so every orthodontist is likely to have dozens of nickel-sensitive patients under treatment. Although nickel-titanium archwires are being used every day on these patients, intra-oral reactions are exceedingly rare and even when encountered, are not a major threat to health. These occasional reactions are hardly sufficient ground for denying the benefit of nickel–titanium archwires to all nickel-sensitive patients.

The authors add that it is important to make a correct diagnosis of nickel allergy and recommend that a dermatologist should confirm the diagnosis by patch testing. However for intra-oral problems patch tests on the skin have almost no diagnostic value as they generate vast numbers of false positives by the same token.

This is a somewhat vexed subject and unqualified recommendations such as these merely add to the confusion. I look forward to seeing some clear evidence-based recommendations before long.

DAVID TIDY

Dear Sir,

We would like to thank Dr Tidy for his comments on our article 'Nickel allergy and orthodontics'. Concern was expressed about the concluding statement: 'nickel–titanium archwires should be avoided in nickel sensitive patients'. The consent process requires that the risks of treatment and options are explained. We believe that patients with known nickel sensitivity should be informed that they are at a higher risk of an allergic response from high content nickel titanium archwires. It would therefore be sensible to consider the use of nickel-free alternatives in these patients. We echo Dr Tidy's hope for better evidence in this area in the future.

G. RAHILLY
N. PRICE

The diagnosis of nickel allergy has usually been based on patient history, clinical findings, and the results of patch testing. Patch testing for oral administration of nickel has been shown to be clinically effective in a recent randomized controlled trial, although this was dose dependent.¹

References

1. Hindsen M., Bruze M. and Christensen OB. Flare-up reactions after oral challenge with nickel in relation to challenge dose and intensity and time of previous patch test reactions, *J. Am Acad. Dermatol.* 2001; **44**: 616–23.