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Analysis of Factors Associated with Contact Dermatitis in PT. Cosmas Indonesia

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ABSTRACT

Introduction: Contact dermatitis is a skin disorder that is quite common, especially due to exposure to certain materials or substances due to work. PT. Cosmas Indonesia is a cosmetics manufacturing company that processes and produces various cosmetics. In the process of making these cosmetics, this company very often uses various chemicals, both in the form of strong bases and various organic solvents. Of course, this company is very susceptible to skin disorders in its workers. This study aimed to analyze the factors associated with contact dermatitis in PT. Cosmas Indonesia. **Methods:** Cross-sectional analytic observational study. A total of 50 research subjects participated in this study. Observation risk factor and sociodemographic data were carried out in this study. Data analysis was carried out using SPSS using univariate and bivariate. **Results:** The incidence of contact dermatitis occurs in workers with a longer working period than in workers who do not experience contact dermatitis. Personal hygiene that is not good is also a problem factor risks associated with contact dermatitis. **Conclusion:** The length of time exposure to chemical compounds and personal hygiene becomes an important factor role in the incidence of contact dermatitis in the study of PT. Cosmas Indonesia.

1. Introduction

Contact dermatitis is an inflammatory condition of the skin caused by the presence of certain materials or substances that stick to the skin. There are two types of contact dermatitis, namely irritant contact dermatitis and allergic contact dermatitis, where irritant contact dermatitis is caused by non-immunological mechanisms and allergic contact dermatitis is caused by a specific immunological response. Dermatitis is characterized by polymorphic skin inflammation in the form of itching, erythema, edema, papules, vesicles, and scales.¹⁻⁴

Contact dermatitis is a skin disorder that is quite common, especially due to exposure to certain materials or substances due to work. Several studies show that the prevalence of contact dermatitis is around 90% of all skin disorders in Indonesian society.

chemicals, heat, and mechanical factors such as friction, pressure, and trauma. Irritant contact dermatitis is caused by absolute irritants such as acids, bases, strong bases, heavy metals, and organic solvents.⁵⁻⁹

PT. Cosmas Indonesia is a cosmetics manufacturing company that processes and produces various cosmetics. In the process of making these cosmetics, this company very often uses various chemicals, both in the form of strong bases and various organic solvents. Of course, this company is very susceptible to skin disorders in its workers. This study aimed to analyze the factors associated with contact dermatitis in PT. Cosmas Indonesia.

2. Methods

This study is a cross-sectional analytic observational study. This study uses primary data obtained from interviews with research subjects. A total of 50 research subjects participated in this study, and the research subjects met the inclusion criteria. The inclusion criteria for this study were PT. Cosmas Indonesia is active in the processing and filling division work and has agreed to participate in this study which is marked by signing the informed consent form. This study was approved by the medical and health research ethics committee of the Faculty of Medicine, Universitas Islam Negeri Syarif Hidayatullah, Jakarta, Indonesia.

This study observed sociodemographic and clinical data on contact dermatitis. Observation of factors related to the incidence of contact dermatitis, namely

length of contact, years of service, age, gender, history of previous skin disease, and personal hygiene. Data analysis was carried out using SPSS software version 20 for Windows. Univariate analysis was performed to present the frequency distribution of each data variable test. Bivariate analysis was carried out to determine the relationship between variables with the incidence of contact dermatitis, with a p-value <0.05.

3. Results and Discussion

Table 1 presents a cross-tabulation between variables with contact dermatitis. The incidence of contact dermatitis occurs in workers with a longer working period than in workers who do not experience contact dermatitis. Personal hygiene that is not good is also a problem factor risks associated with contact dermatitis.

Table 1. Cross tabulation between a variable with contact dermatitis.

No.	Variables	Contact dermatitis	Frequency	Mean±SD	p-value
1.	Working period	Dermatitis No dermatitis	24 26	23.9±19.7 months 12.3±11.1 months	0,012
2.	Age	Dermatitis No dermatitis	24 26	23.3±4.1 years 20.4±2.7 years	0,008
3.	Gender: Female Male	Dermatitis No dermatitis Dermatitis No dermatitis	11 19 13 7	-	0,094
4.	History of other skin diseases: Have history Has no history	Dermatitis No dermatitis Dermatitis No dermatitis	7 11 17 15	-	0,501
5.	Personal hygiene: Not good Good	Dermatitis No dermatitis Dermatitis No dermatitis	9 2 15 24	-	0,028

Contact dermatitis is a condition in which the skin becomes inflamed and itchy as a result of exposure to certain substances. Exposure to chemical compounds continuously or for a long time can increase the risk of contact dermatitis.¹⁰⁻¹² Some of the chemical compounds that often cause contact dermatitis are metals such as nickel and chromium, chemicals such as formaldehyde and acrylic resin, and agricultural chemicals such as pesticides. Continuous or long-term exposure to these chemical compounds can gradually damage the skin and cause an allergic

reaction. The allergic reaction may not occur immediately after the first exposure, but the more frequent the exposure, the greater the risk of contact dermatitis.¹³⁻¹⁶ Therefore, it is very important to protect yourself from exposure to chemical compounds that have the potential to cause contact dermatitis. This can be done by using personal protective equipment such as gloves and masks when working with chemicals and washing hands with soap and water after exposure to these chemicals. Several studies also show the importance of personal hygiene

to protect yourself from contact dermatitis. The habit of washing hands and bathing regularly reduces the risk of exposure to chemical compounds in workers with exposure to chemical compounds.¹⁷⁻¹⁹

4. Conclusion

The length of time exposure to chemical compounds and personal hygiene becomes important factor role in the incidence of contact dermatitis in PT. Cosmas Indonesia.

5. References

1. Kostner L, Anzengruber F, Guilloid C, Recher M, Schmid-Grendelmeier P, Navarini AA. Allergic contact dermatitis. *Immunol Allergy Clin North Am*. 2017; 37(1): 141–52.
2. Saint-Mezard P, Rosieres A, Krasteva M. Allergic contact dermatitis. *European Journal of Dermatology*. 2004; 14(5): 284–95.
3. Frimat P. L'eczéma des mains, quelles conséquences, quelle réparation? *Archives des Maladies Professionnelles et de l'Environnement*. 2010; 71(3): 404–6.
4. Kadyk DL, McCarter K, Achen F, Belsito DV. Quality of life in patients with allergic contact dermatitis. *Journal of the American Academy of Dermatology*. 2003; 49(6): 1037–48.
5. Aloui A, Maoua M, Kalboussi H. Occupational allergic contact dermatitis in Tunisia: epidemiology and occupational outcome. *Occupational Diseases and Environmental Medicine*. 2018; 6: 107–17.
6. Skoet R, Zachariae R, Agner T. Contact dermatitis and quality of life: a structured review of the literature. *British Journal of Dermatology*. 2003; 149(3): 452–6.
7. Finlay AY, Khan GK. Dermatology life quality index (DLQI)—a simple practical measure for routine clinical use. *Clinical and Experimental Dermatology*. 1994; 19(3): 210–6.
8. Basra MKA, Fenech R, Gatt RM, Salek MS, Finlay AY. The dermatology life quality index 1994–2007: a comprehensive review of validation data and clinical results. *British Journal of Dermatology*. 2008; 159(5): 997–1035.
9. Reilly MC, Lavin PT, Kahler KH, Pariser DM. Validation of the dermatology life quality index and the work productivity and activity impairment-chronic hand dermatitis. *Journal of the American Academy of Dermatology*. 2003; 48(1): 128–30.
10. Hongbo Y, Thomas CL, Harrison MA, Salek MS, Finlay AY. Translating the science of quality of life into practice: what do dermatology life quality index scores mean? *Journal of Investigative Dermatology*. 2005; 125(4): 659–64.
11. Reilly MC, Gooch K, Wong RL, Kupper H, van der Heijde D. Validity, reliability and responsiveness of the work productivity and activity impairment questionnaire in ankylosing spondylitis. *Rheumatology*. 2010; 49(4): 812–9.
12. Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics*. 1993; 4(5): 353–65.
13. Kalboussi H, Bannour D, Kacem I, Debbabi F, Haj Salah H, Mrizak N. Influence des facteurs professionnels sur l'absentéisme de la femme enceinte dans la région du centre tunisien. *Archives des Maladies Professionnelles et de l'Environnement*. 2015; 76(5): 468–77.
14. Hutchings CV, Shum KW, Gawkrödger DJ. Occupational contact dermatitis has an appreciable impact on quality of life. *Contact Dermatitis*. 2001; 45(1): 17–20.
15. Agner T, Andersen KE, Brandao FM. Contact sensitisation in hand eczema patients—relation to subdiagnosis, severity and quality of life: a multi-centre study. *Contact Dermatitis*. 2009; 61(5): 291–6.
16. Lau MYZ, Matheson MC, Burgess JA, Dharmage SC, Nixon R. Disease severity and quality of life in a follow-up study of patients with occupational contact dermatitis. *Contact Dermatitis*. 2011; 65(3): 138–45.
17. Cvetkovski RS, Zachariae R, Jensen H, Olsen J, Johansen JD, Agner T. Quality of life and depression in a population of occupational hand eczema patients. *Contact Dermatitis*. 2006; 54(2): 106–11.

18. Mazharinia N, Aghaei S, Shayan Z, Dermatology life quality index (DLQI) scores in burn victims after revival. *Journal of Burn Care & Research*. 2007; 28(2): 312–7.
19. Horn HM, Tidman MJ. Quality of life in epidermolysis bullosa. *Clinical and Experimental Dermatology*. 2002; 27(8): 707–10.