# Use of a Stationary Marker Pen as an Alternative to Kumkum and Bindi in **Patients with Allergic Contact Dermatitis**

#### **Clinical Challenge**

The growing incidence of Indians in the United States has brought along a specific subset of unique cultural dermatoses with them. One such example is allergic contact dermatitis to decorative colors worn by married Indian women, namely, bindi and kumkum, coined bindi dermatitis and kumkum dermatitis, respectively<sup>[1]</sup> [Figure 1]. A bindi is a circular disc, over the forehead with glue comprising of allergen, para-tertiary butyl-phenol (PTBP). This chemical is a known melanocytotoxic agent and depigmentation in workers exposed to it during its manufacture has been reported from various countries.[2] Kumkum or sindoor is a red colored powder applied to the mid-partition in the scalp, and it contains common sensitizers such as turmeric. Sudan-1. 4-aminoazobenzene, brilliant lake red R, and Cananga oil.[3] Since these practices are traditional and done on a daily basis, prevention is not a viable option.



Figure 1: Noneczematous contact leukoderma secondary to bindi a and b-with bindi

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#### **Solution**

A simple, cost-effective, hypoallergenic alternative can be used in these patients. red ink stationary marker pen, synonymous with a felt marker or a sketch pen can be used as an alternative to bindi or kumkum [Figure 2]. The ink used in this felt pen comprises 1-propanol, 1-butanol, diacetone alcohol and cresols. Instead of applying kumkum powder, patients can line the mid-partition with this marker, which gives an illusion of sindoor. Furthermore, they can mark a dot over the forehead, giving an illusion of a bindi. Since the ink of a marker pen does not contain these allergens or any sensitizers, patients can safely use this substitute to perform this daily ritual, which is integral to their culture.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/ their consent for his/her/their images and other clinical information to be reported in



Figure 2: (a) Normal bindi. (b) The illusion of bindi and kumkum sindoor with a marker pen

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the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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