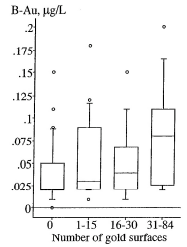
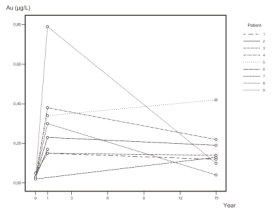
Thesis at a glance

Study	Objectives	Methods	Illustrations	Main findings/conclusions
(I) **Contact allergy to gold is correlated to dental gold**	To assess the relationship between contact allergy to gold, the presence and amount of dental gold, and probable relations to symptoms and findings in the oral mucosa	102 patients underwent a clinical oral and radiological examination and epicutaneous testing		• Contact allergy to gold is related to dental gold • A dose-response relationship was found The results conclusively show that dental gold plays a role in sensitisation to gold.
(II) **Gold concentration in blood in relation to number of gold restorations and contact allergy to gold**	To determine B-Au in relation to the number of dental gold restorations in subjects with and without contact allergy to gold	80 blood samples were analysed for gold levels in blood using ICP-MS		• Gold concentration in blood reflects the presence and amount of dental gold
(III) **Levels of gold in plasma after dental gold inlay insertion**	To measure gold in blood plasma to correlate the number of dental gold surfaces with gold levels in plasma, over time	Plasma samples were analysed from 9 (8) patients, before, within 1 year after and 15 years after insertion of dental gold inlays		• Gold is released from dental gold inlays • Gold release appears to be stable over time
(IV) **A case-control study of contact allergy to gold in patients with oral lichen lesions**	To determine the prevalence of contact allergy to gold in relation to presence of dental gold restorations in patients with OLL compared to a control group	A controlled study of 83 OLL patients and 83 dermatitis control patients concerning contact allergy to gold and presence of dental gold		• OLL patients were numerically but not statistically overrepresented regarding contact allergy to gold • Presence of dental gold did not differ between groups