## Thesis at a glance

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| (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 |