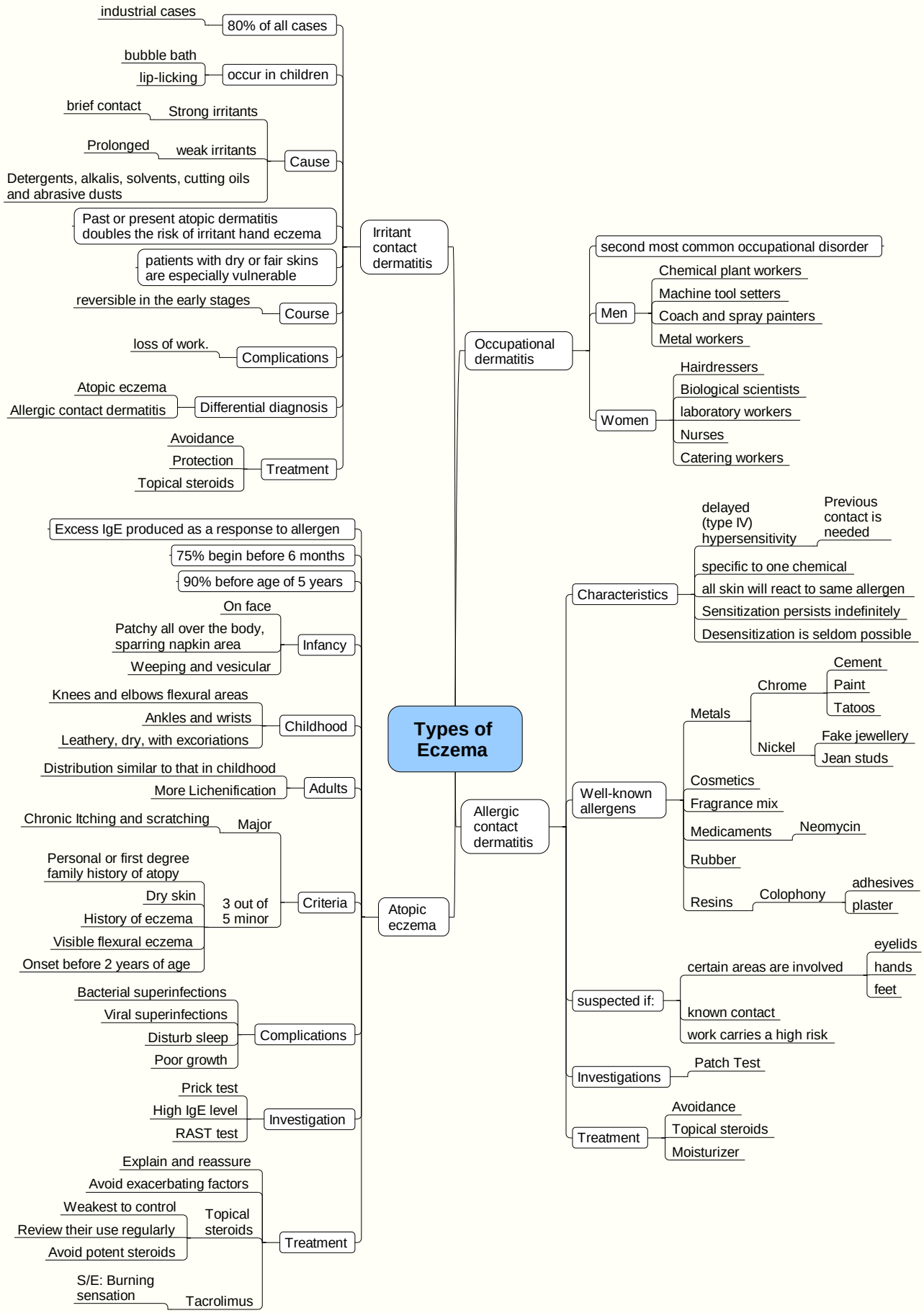
Types of Eczema
Irritant contact dermatitis
80% of all cases
industrial cases
occur in children
bubble bath
lip-licking
Cause
Strong irritants
brief contact
weak irritants
Prolonged
Detergents, alkalis, solvents, cutting oils and abrasive dusts
Past or present atopic dermatitis doubles the risk of irritant hand eczema
patients with dry or fair skins are especially vulnerable
Course
reversible in the early stages
Complications
loss of work.
Differential diagnosis
Atopic eczema
Allergic contact dermatitis
Treatment
Avoidance
Protection
Topical steroids
Occupational dermatitis
second most common occupational disorder
Men
Chemical plant workers
Machine tool setters
Coach and spray painters
Metal workers
Women
Hairdressers
Biological scientists
laboratory workers
Nurses
Catering workers
Allergic contact dermatitis
Characteristics
delayed (type IV) hypersensitivity
Previous contact is needed
specific to one chemical
all skin will react to same allergen
Sensitization persists indefinitely
Desensitization is seldom possible
Well-known allergens
Metals
Chrome
Cement
Paint
Tatoos
Nickel
Fake jewellery
Jean studs
Cosmetics
Fragrance mix
Medicaments
Neomycin
Rubber
Resins
Colophony
adhesives
plaster
suspected if:
certain areas are involved
eyelids
hands
feet
known contact
work carries a high risk
Investigations
Patch Test
Treatment
Avoidance
Topical steroids
Moisturizer
Atopic eczema
Excess IgE produced as a response to allergen
75% begin before 6 months
90% before age of 5 years
Infancy
On face
Patchy all over the body, sparring napkin area
Weeping and vesicular
Childhood
Knees and elbows flexural areas
Ankles and wrists
Leathery, dry, with excoriations
Adults
Distribution similar to that in childhood
More Lichenification
Criteria
Major
Chronic Itching and scratching
3 out of 5 minor
Personal or first degree family history of atopy
Dry skin
History of eczema
Visible flexural eczema
Onset before 2 years of age
Complications
Bacterial superinfections
Viral superinfections
Disturb sleep
Poor growth
Investigation
Prick test
High IgE level
RAST test
Treatment
Explain and reassure
Avoid exacerbating factors
Topical steroids
Weakest to control
Review their use regularly
Avoid potent steroids
Tacrolimus
S/E: Burning sensation