



*433 Teams*

# DERMATOLOGY

Lecture(10)

Other type of eczema

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**Content of lecture:**

- To know the classification of Eczema.
- To recognize the primary presentation of different types of eczema.
- To understand the possible pathogenesis of each type of eczema.
- To know the scheme of managements lines.

## 1-Nummular Dermatitis:

- Coin shaped patches and plaques
- Secondary to xerosis cutis
- Primary symptom itch



Notice the surrounding xerosis

## 2- Regional Eczema:

- Ear eczema
- Eyelid dermatitis
- Nipple eczema
- Hand eczema
- Diaper dermatitis
- Juvenile plantar dermatosis

**Note:** using of moisturizing  
woreworse perorbital  
dermatitis.

### A- Ear Eczema

- Most frequently caused by seborrheic or atopic dermatitis
- Staph, Strep, or Psoeudomonas
- Earlobe is pathognomonic of nickel allergy



### B- Eyelid dermatitis

- When on **one eye only**, it is most frequently caused by nail polish
- When **both eyelids** are involved, consider mascara, eye shadow, eyelash cement, eyeliner, etc

### C- Nipple eczema

- Painful fissuring, seen especially in nursing mothers.
- Maybe an isolated manifestation of atopic dermatitis.
- If persist more than 3 month, and/or unilateral, biopsy is mandatory to rule out Pagets disease .



### D- Hand eczema

- Spongiosis histologically .
- Irritant hand dermatitis- seen in homemakers, nurses. Resulting from excessive exposure to soaps.
- Pompholyx- tapioca vesicles, on sides of fingers, palms, and soles.
- Irritant versus allergic.



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**Note:** Adult atopic dermatitis has the greatest risk for hand dermatitis

### E- Juvenile plantar dermatitis

- Begins as a patchy symmetrical, smooth, red, glazed macules on the base of the great toes
- Affect age 3 to puberty.
- Symmetrical lesions on weight bearing area
- Virtually always resolve after puberty



### 3- Xerotic Eczema:

- Aka winter itch, nummular eczema, eczema craquele, and asteototic eczema.
- Anterior shins, extensor arms, and flank
- Elderly person predisposed.
- Use of bath oils in bath water is recommended to prevent water loss
- Moisturizers – urea or lactic acid.



### 4- Allergic Contact Dermatitis:

- Type 4 Hypersensitivity Response
- Classically well demarcated/patterned
- Exposure can be infrequent (once a month)
- Patch testing is gold standard for diagnosis
- Poison Ivy/Oak/Sumac.
- Potassium Dichromate in Leather.



### 5- Irritant Contact Dermatitis:

- Most contact dermatitis is irritant in nature
- Occupational morbidity
- Irritant vs allergic
- Prevention is key!



## 6- Neurodermatitis/Lichen Simplex Chronicus :

- Paroxysmal pruritus
- Habitual excoriating or rubbing
- Skin thickens to defend
- Consider underlying disease



Increased skin markings

## 7- Seborrheic Dermatitis :

- Distribution Face, scalp, axillae, upper chest
- Chronic condition
- Nonsteroidal adjuvants
- Pityrosporum ovale
- Oily greasy skin
- Nasolabial folds
- associated with Parkinson's disease

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