



Other types of eczema

Objectives:

- To know the definition & classification of Dermatitis/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

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[Color index: **Important** | **Notes** | Extra]

SEBORRHEIC DERMATITIS

It's a chronic dermatitis that often affects male between the ages of 20-50 years. **Features are: it is more Scaly, Yellowish, and Oily.**

More in areas rich in **sebaceous glands e.g.:** scalp, face, ears, parasternal region & flexural areas (axillae, inguinal & inframammary folds, umbilicus). **classic location is scalp, Craniofacial area and skin folds.**

Causes:

1. Hereditary Seborrheic status. **بشرة دهنية**
2. M. furfur. **Yeast Malassezia furfur. It's a theory**
3. Nutritional deficiencies (causes SD-like rash)



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Common associated with: **العلاقة موسيبيه فقط ملاحظه متكررة**

- Parkinson disease.
- Facial paralysis **تجي لمريض مشلول نص وجه في النص المشلول بالضبط**
- HIV and immune suppression. **Severe eruptive lesions with acute onset. Think about it if you see a young patient with severe presentation especially if with risky behavior.**

Cradle cap: is coherent scaly & crusty mass covering most of the scalp & can be seen in infantile seborrheic dermatitis.

Most common cause is Atopic dermatitis

Second most common is Seborrheic dermatitis



Treatment

For mild cases:

1. **Anti-dandruff shampoo**
 - a. 2% ketoconazole
 - b. 2% selenium sulfide
2. **Topical corticosteroids**
3. **Topical calcineurin inhibitor**

For severe cases:

1. **Oral Isotretinoin**
2. **Oral H1 antihistamine**
3. **Systemic Corticosteroids**
4. **Immunosuppressive therapy**

CONTACT DERMATITIS

Dermatitis precipitated by an **exogenous** agent:

1. **Allergic** contact dermatitis.
2. **Irritant** contact dermatitis.

Contact allergic dermatitis

It accounts for **7%** of occupation related diseases.

It is caused by an allergen that triggers **type IV hypersensitivity** reaction in a presensitized person. It occurs after an exposure to a topical substance in **sensitized individuals** (requires induction "previous exposure" and elicitation phase 'lag time to reaction').

Common allergens eliciting contact dermatitis:

- **nickel** (affects 10% of women and 1% of men), **why?** Because it is found in accessories perfumes, fragrances, preservatives. Hair dyes, rubber latex.
- **poison ivy** : a plant
- **Potassium Dichromate** : in Leather

Acute form presents with **crusted** erythematous papules, vesicles & bullae that is well demarcated & localized to the site of contact with the allergen. It can be **diffuse** as well.

Diagnosis:

- History.
- Examination.
- PATCH testing remain the gold standard for accurate diagnosis.

Treatment of ACD:

- **Avoidance.**
- topical steroid
- systemic steroid

Poison Ivy



Potassium Dichromate



Nickel Allergy

most common
(belt buckle- bracelets)



Contact irritant dermatitis

It account for **80%** of **occupational** skin diseases.

Is **localized non-immunologically** mediated inflammatory reaction.

-ICD results from **direct cytotoxic effect** “localized” single or repeated application of a chemical substance to the skin.

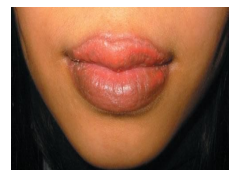
Most common irritants are:

- Water
- Abrasives
- Chemicals, e.g. acids and alkalis
- Solvents and detergents

Diaper Dermatitis : due to stool enzymes that cause irritation >> manage it with frequent diaper changing and barriers like zinc oxide.



Lip licker dermatitis : caused by lip licking, Saliva contain enzymes as irritant. Manage by avoid licking and topical steroid. **Can be caused by eating citrus foods.**



Housewife dermatitis : from the soap that is used in washing dishes. (note that chemicals can lead to atopic, allergic contact, or irritant contact dermatitis)

Difference between allergic and irritant CD:

Contact allergic dermatitis	Contact irritant dermatitis
Type IV hypersensitivity	Direct cytotoxicity (tend to be painful more than pruritic)
In susceptible people	Can happen to anyone
Can extend beyond the area of contact (localized but can be diffuse or in distant site)	Can never extend beyond the area of contact (localized)
Can't occur from the first exposure	Can occur from the 1st exposure
doesn't require significant amount	Requires significant amount
Gradual eczema. Takes 4-5 days “delayed-type hypersensitivity” for the classic presentation to appear	acute flare reaction (1-2 days) then severe hyperpigmentation

Dyshidrosiform eczema:

Acute dermatitis which is often vesicular with tiny deep-seated vesicles along the sides of the fingers associated with pruritus. Not considered as a separate disease, Can be associated with atopy, of patients with dyshidrosis, 50% have atopic dermatitis. Exogenous factors (e.g., contact dermatitis to nickel, chemicals) also play a role. Affect **hands & feet**. -It could be a separate disease or part of atopy. Common in ladies who clean with water and detergents without protection.

Treatment:

- Avoidance of triggering factor.
- topical steroid.



Asteatotic eczema (xerotic dermatitis):

Aka winter itch, nummular eczema, eczema crackle, and asteatotic eczema. Anterior shins, extensor arms, and flank. Due to decreased hydration >> usually seen in **Elderly**. Use of bath oils in bath water is recommended to prevent water loss. Moisturizers – urea or lactic acid. **Bricks appearance**.



Stasis eczema:

Seen in patient with signs of **venous hypertension** like chronic venous insufficiency, varicose vein. We have to roll out vascular disease can be complicated by superimposed allergic contact dermatitis. Common presentation is a bedridden patient who have venous ulcers, after treating the ulcer he may end up with allergic contact dermatitis.



Lichen simplex Chronicus (Neurodermatitis):

- Dermatitis which results from repeated rubbing & scratching of the skin. **They don't get relieve until they see bleeding**.
- Chronic itching and scratching can cause the skin to thicken and have a leather texture with exaggeration of skin marking. A scratch-itch cycle occurs which is difficult to break. Can be **triggered by stress and anxiety**. **Psychiatric disease (areas that are hard to reach is always symptomatic free) e.g. back**. Occur commonly in **atopic patient**. It's a secondary lesion that develop due to scratching.



Summary:

Distinctive morphological features of different forms of dermatitis

Type	Features of dermatitis	Other skin findings
Atopic	Symmetry, changes with age	Xerosis
Seborrheic	Greasy scale, face and scalp affected	Oiliness
Nummular	Coin-shaped or discoid macules and patches	Xerosis
Stasis	Affects lower legs, ankles	Edema,
Xerotic	Mild, widespread; typically fall & winter	Xerosis, hyper-pigmentation
Allergic contact	sites of contact, may have geometric patterns	
Irritant contact	typically affects hands, face	Xerosis, fissuring.

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