



Dry Itchy Skin: A review of Contact Dermatitis

Do you have a rash that doesn't seem to go away no matter what you do? You may have what's referred to as contact dermatitis. Contact dermatitis is a specific type of a dry, pink to red itchy rash that is caused by something you are coming in contact with in your environment, such as personal care products or chemicals at home or work. Sometimes the itch is so severe patients say it wakes them in the middle of the night. It is important to know there are two different types of this rash: one is referred to as irritation and the other is known as allergic contact dermatitis. Fortunately, treatment is available. Above all, identification of the certain triggers is the most important first step to get your rash under control.

Irritation contact dermatitis

This is the most common form of contact dermatitis. It results from direct damage to the top layer of your skin cells called the keratinocytes. Burning is more common than itch with this form of contact dermatitis.

Irritation contact dermatitis is the most common form of occupational skin disease. Common exposures include petrochemicals, rubbers, plastics metals, and automotive industries. These irritants are at risk of causing destruction to the keratinocytes, resulting in a persistent rash. Other common causes include soaps, wet work (such as bartenders & custodians), petroleum products, cutting oils, and coolants. The rash can occur after immediate exposure to the irritant (most commonly due to strong acids or bases) or it can happen after more prolonged or repetitive exposure to the irritant, such as repetitive use of soap or water over time that results in loss of water from the skin and increased inflammation. We have seen an increase incidence of irritation contact dermatitis of the hands during the pandemic due to repetitive soap and water use.

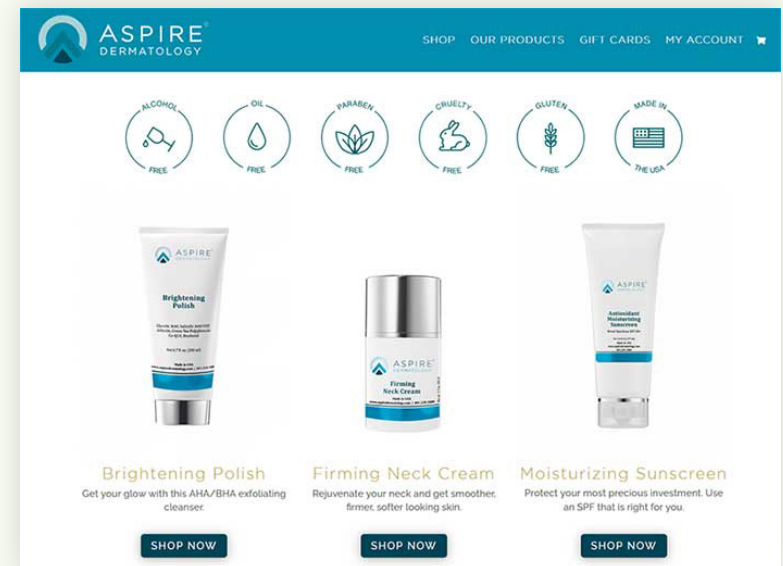


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Allergic contact dermatitis

Less commonly, contact dermatitis can be caused by exposure to a chemical or substance that activates one's immune system, leading to what is referred to as allergic contact dermatitis. The two most common causes of allergic contact dermatitis are nickel and poison ivy. Before a person experiences the rash of allergic contact dermatitis, they first come in contact with the chemical or substance (called an allergen) without experiencing a skin reaction. This can continue for years (known as sensitization) until they eventually break out in the rash. For example, someone may use a facial makeup foundation containing formaldehyde for years without experiencing a rash on their face, but all of a sudden may develop a red itchy rash from repetitive contact of this allergen on the skin over time. The rash may occur on any area of the skin and may be accompanied by oozing, blisters, marked scaling, and thickening or excessive itching. Other common allergens include neomycin, balsam of Peru, fragrance mix, cobalt blue, formal-



We are able to test for which specific allergen people may be reacting to so that they will be properly able to avoid it and cure their rash. This is known as patch testing. Patch testing attempts to reproduce the allergic reaction on the normal skin on the upper back of a patient. The patches are applied and subsequently removed after 48 hours. At Aspire, we utilize the T.R.U.E TEST Patch Test process in patients 6 years of age and older whose history suggest skin allergy or sensitivity to one or more of the 36 substances included on the T.R.U.E TEST panels. To learn more about whether patch testing is an appropriate next step for curing your rash, please schedule an appointment with us.

In conclusion, treatment of contact dermatitis is aimed at proper identification of the irritant or allergen. Once this has been established, avoidance is the key to recovery. In the case of allergic contact dermatitis, if zero contact with the allergen occurs for one month, the rash will result in 80% improvement. Direct avoidance of the allergen for a total of three months results in 100% improvement. In the meantime, topical steroids or even an oral course of steroids (such as prednisone) may help alleviate your symptoms.

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