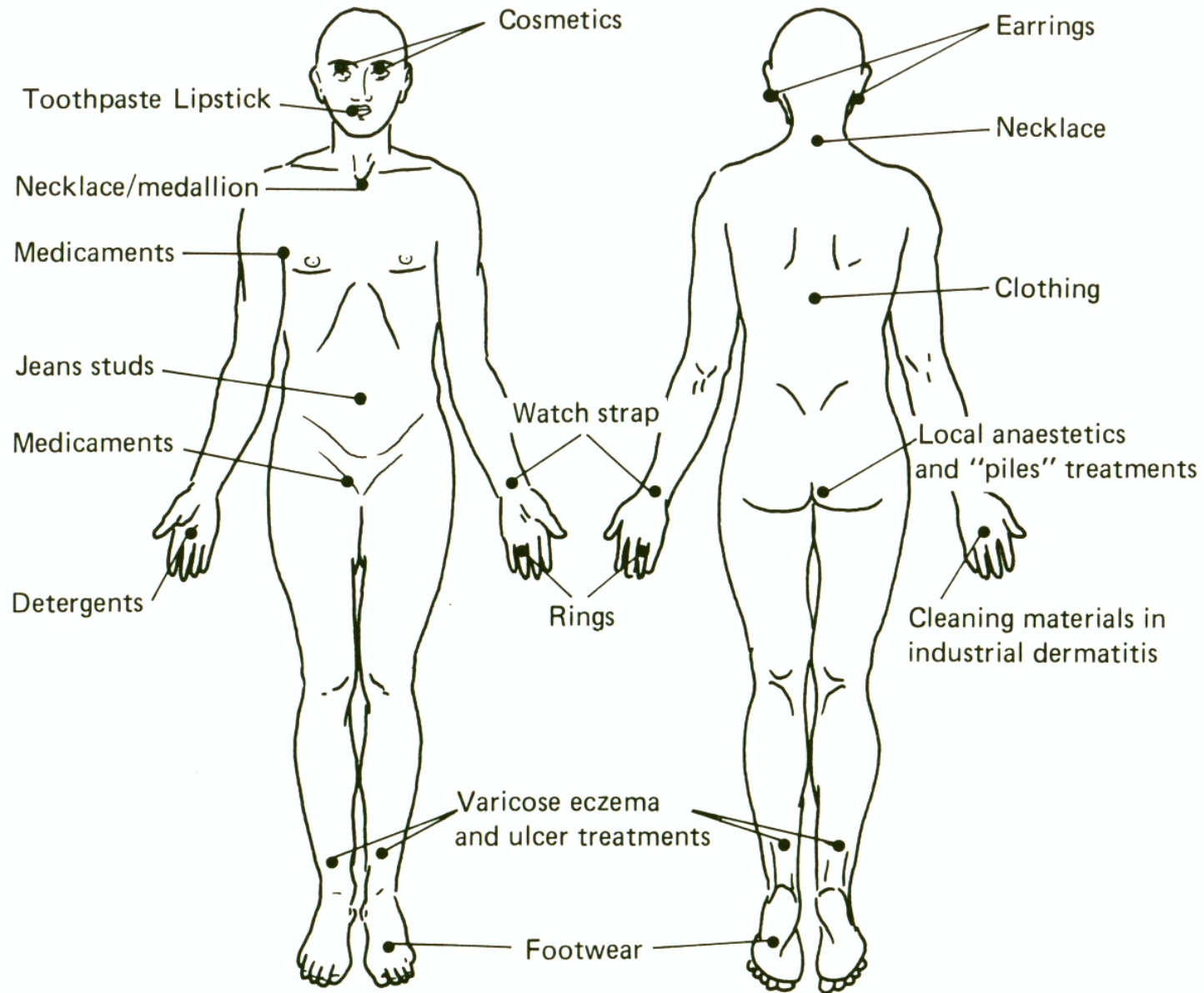


Contact Dermatitis

Definitioin

A skin inflammation caused by direct contact with a substance.

Contact dermatitis



Causes, Incidence, and Risk Factors

- Skin inflammation results when the skin comes in direct contact with substances that can cause an allergic or inflammatory reaction.
- The sensitivity of the skin varies from individual to individual, and may vary in the same individual from time to time
- **Over-treatment dermatitis** is a form of contact dermatitis that occurs when inflammation results from measures used to treat another skin disorder.

- A history of any type of allergies increases the risk of contact dermatitis.
- The most common type results from contact with substances that may be irritants.
 - Alkaline soaps
 - Detergents
 - Solvents
 - Chemicals.
- The reaction usually resembles a **burn**.

- The skin inflammation varies from mild irritation and **redness**, to **rash**, to **open sores**,
 - depending on the type of allergen,
 - the body part affected,
 - and the sensitivity of the individual.

Common Allergens

- poison ivy, poison oak, poison sumac
- other plants
- nickel or other metals
- topical antibiotics
- rubber and latex
- cosmetics
- topical anaesthetics or other medications that are applied to the surface of the skin
- detergents
- solvents
- adhesives
- fragrance, perfumes
- other chemicals and substances

Prevention

- Avoid contact with known allergens.
- Use protective gloves or other barriers if contact with substances is likely or unavoidable.
- Wash skin surfaces thoroughly after contact with substances.
- Avoid over treating skin disorders.

Symptoms

- Itching of the skin in exposed areas
- Skin redness or inflammation in the exposed area
- Tenderness of the skin in the exposed area
- Localised swelling of the skin
- Hot
- skin lesion or rash at the site of exposure
 - lesions can be of any type: redness, rash, papules, vesicles and bullae
 - may involve oozing, draining, or crusting
 - skin may become scaly, raw, or thickened

Signs and Tests

- The diagnosis is primarily based on the skin appearance and a history of exposure to an irritant or allergen.
- Allergy testing with skin patches may isolate which of suspected allergens is causing the reaction.
- Other tests may be used to rule out other possible causes, including skin lesion biopsy or culture of the skin lesion (see skin or mucosal biopsy culture).

Treatment

- Initial treatment includes thorough washing to remove any trace of the irritant that may remain on the skin.
- Further exposure to known irritants or allergens should be avoided.
- Topical corticosteroid medications.
- In severe cases, systemic corticosteroids may be needed to reduce inflammation.
- Wet dressings and soothing, antipruritic, or drying lotions may be recommended to reduce other symptoms.

Prognosis

- Contact dermatitis usually resolves without complications within 2 or 3 weeks, but may recur if the antigen cannot be identified or avoided.
- Change of occupation or occupational habits may be necessary if the disorder is caused by occupational exposure.

Complications

Secondary infections