Dermatitis / Eczema Information Sheet

Dermatitis / Eczema, describes a collection of conditions that all exhibit inflammation of the skin. Generally, dermatitis describes swollen, reddened and itchy skin. It is a common condition that isn’t life-threatening or contagious. There are different types of dermatitis, and the condition can have many causes and appear in many forms:

- Allergic Contact Dermatitis
- Atopic Dermatitis
- Hand Dermatitis
- Seborrhoeic Dermatitis
- Perioral Dermatitis

**Allergic Contact Dermatitis**
Allergic Contact Dermatitis is an itchy skin condition caused by an allergic reaction to material in contact with the skin. It is distinct from irritant contact Dermatitis, in which a similar skin condition is caused by excessive contact with irritants.

**Clinical features of allergic contact dermatitis**
The Dermatitis is generally confined to the site of contact with the allergen, although severe cases may extend outside the contact area or it may become generalised. Sometimes the allergen is transmitted from the fingers so unexpected sites can be affected e.g. the eyelids and genitals. Dermatitis is unlikely to be due to a specific allergen if the area of skin most in contact with that allergen is unaffected.

**Some typical examples of allergic contact Dermatitis include:**

- An eczema of the wrist underlying a watch strap due to contact allergy to nickel.
- An eczema of the lower leg when ankle strapping has been removed due to contact allergy to colophony in the adhesive plaster.
- Hand Dermatitis caused by an anti-oxidant chemical used in the manufacture of rubber gloves.
- Itchy red face due to contact allergy with a preservative in a moisturizer.
- Contact allergy arises only after the skin has been exposed to ultraviolet light.

**Atopic Dermatitis**
Atopic Dermatitis is more commonly referred to as eczema. It appears as an itchy rash mostly on people with sensitive skin.

Atopic Dermatitis is quite common in children affecting as many as 1 in 7. In most cases it disappears towards adolescence and adulthood. It is not contagious and doesn't overly affect one's general health.

**Hand Dermatitis**
Hand dermatitis also known as hand eczema often results from a combination of causes. Whatever the initial trigger, there are often a number of aggravating factors, which prevent it clearing up.

Some people are more prone to hand dermatitis. There is often a personal or family history of asthma, eczema or hay fever (atopy). These people often have had, or have Dermatitis at other sites such as the elbows, behind the
knees, the face or feet. Some patients have a personal or family history of psoriasis (a relatively common skin disorder causing red scaly patches on the elbows, knees and scalp). Emotional stress can make the condition worse.

**Contact with irritants**

Some chemicals, especially industrial solvents, detergents, acids, alkali and even water and friction, can strip the skin of its normal protective layers and oils. Prolonged exposure to such irritants, even in low concentrations, can trigger hand Dermatitis and prevent it clearing up. Even occasional exposure can result in a flare of the condition.

**Allergy**

Occasionally hand dermatitis is caused by true allergy to substances, which the hands come into contact with. There are a number of possibilities including metals, perfumes, rubber, leather and preservatives. These may be tested for by special tests called patch tests. Contact with this material must be strictly avoided for the hand dermatitis to completely clear.

**Seborrhoeic Dermatitis**

Seborrhoeic dermatitis is a common, scaling rash that can sometimes itches. Dandruff (also called pityriasis capitis) is seborrhoeic dermatitis of the scalp. Seborrhoeic dermatitis may also occur on the eyebrows, eye lid edges, ears, the skin near the nose and skin-folds of the armpits and groin. Sometimes seborrhoeic dermatitis produces round, scaling patches on the middle of the chest or on the back.

**Cause of seborrhoeic dermatitis:**

Seborrhoeic Dermatitis is believed to be due to a proliferation of a normal skin inhabitant, a yeast called Pityrosporum ovale (Malassezia furfur). Patients with seborrhoeic dermatitis appear to have a reduced resistance to the yeast due to various factors including stress, fatigue, change of the seasons and reduced general health.

It is not contagious or related to diet. Nervous stress and any physical illness tend to make seborrhoeic dermatitis worse but they do not cause it.

**Scalp**

- Medicated shampoos containing ketoconazole, selenium disulphide, zinc pyrithione, coal tar, and salicylic acid, used twice weekly for at least a month.
- Steroid scalp applications available on prescription, used intermittently.
- Tar creams applied several hours before shampooing.

**Face, ears, chest & back**

- Ketoconazole cream once daily for 2 to 4 weeks.
- Hydrocortisone cream up to twice daily for 1 or 2 weeks.

**Perioral Dermatitis**

Perioral Dermatitis is a common facial skin problem. It rarely occurs in men. Groups of itchy or tender small red spots appear most often around the mouth. They spare the skin bordering the lips (which then appears pale) but develop on the chin, upper lip and cheeks. The skin surface becomes dry and flaky. Often the skin around the nose is affected too, and sometimes that around the eyes.

Patients who are susceptible to Perioral Dermatitis tend to have an oily face, at least in the affected areas.