

Allergic Contact Dermatitis

Allergic contact dermatitis is an allergic reaction to a sensitizing agent after repeated exposure. Once sensitized, the reaction usually occurs within 48 hours of exposure to the agent. Allergic contact dermatitis may be caused by medicated skin creams, plants, hair dyes, metals (especially in jewelry), cosmetics, chemicals used at work, rubber, and chemicals used to make shoes and clothing.



Diagnosis:

The site of the first lesion may provide the best clue as to cause. Ask about the patient's occupation, hobbies, household tasks, travel, clothing and use of skin creams or cosmetics. Remember to ask about activity at least 2 days before the rash appeared.



Clinical Features

The eruption usually starts at the site of contact, often hands or face. Acute dermatitis may have blisters, redness, oozing, crusts, and swelling. Chronic dermatitis will have a "dry" look of redness, scaling, and thickened skin from rubbing. Itching is present, being more severe for an allergic dermatitis. Allergic dermatitis is often oddly shaped and in only a few skin areas.



Treatment:

The causative agent must be identified and removed. For acute ("wet") dermatitis, gauze or thin clothes dipped in water and applied for 20 minutes 4-6 times daily may be soothing. Blisters may be drained daily, but do not remove the tops. 1% hydrocortisone lotion may be used. For severe extensive cases, systemic steroids are indicated. For less acute and chronic cases, topical steroids should be applied twice daily until clear.

Topical Steroids:

- **For face, under arms, breasts, and groin** – use 1.0% hydrocortisone cream.
- **For other body areas** – use betamethasone valerate 0.1% or triamcinolone acetonide cream 0.1% twice daily.
- **For very severe dermatitis** – use betamethasone dipropionate or clobetasol cream once daily for NO MORE than 1 week.

Antihistamines for itch:

- Calamine lotion may help itch. If not, oral antihistamines may help, but also may cause sleepiness.
- Diphenhydramine hydrochloride or Hydroxyzine hydrochloride:
 - Children:** 12.5 to 25mg every 6 hours or 2mg/kg every 6 hours.
 - Adults:** 25-50mg every 6 hours.
- Chlorpheniramine: 4-6mg every 4-6 hours.

Oral Corticosteroids:

- Prednisone or Prednisolone 5mg tablets or liquid, 5mg/5ml, taken in a single morning dose
- Use only for 10-14 days maximum.
- **Children:** 0.5-2.0mg/kg/day.
- **Adults:** 1.0-2.0mg/kg/day.
- A tapered course is usually given – for adults, 60mg to start, decreased by 5mg each day (60, 55, 50, 45...0 over 12 days).

Contact Dermatitis – Irritant

Irritant contact dermatitis is often caused by repeated exposures to weak substances (detergent, solvents, cleansers, diapers, constant lip-licking, or dry cold weather). More severe irritant dermatitis is caused by a single exposure to a strong chemical which burns the skin on contact (acids, alkalis).



Course:

The course varies. If the causative agent is removed, inflammation clears in days to weeks. Continued exposure to the agent or complications (from scratching or infection) may encourage a chronic dermatitis.



Diaper Dermatitis Treatment:

Keep dry – change diapers often. No plastic pants. Clean with warm water. Use baby powder or zinc oxide paste to protect. If severe, use 1% hydrocortisone ointment and if not better in 3 days, add nystatin or miconazole cream and use 2 weeks.