

SKIN ECZEMATOUS DERMATITIS

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Contact dermatitis

- Allergic
- Pruritis
- Confined to site of exposure or allergen
- Delayed type hypersensitivity reaction
- Antigen presented to Langerhans cells.
- Processed and presented to T_H cells.
- Re-exposure triggers inflammatory response.
- Lesions are red, papulovesicular, oozing, and crusted
- If persistent, develop reactive acanthosis and hyperkeratosis that produce raised scaling plaques

Contact dermatitis

- Non-allergic
- Pruritis
- Confined to site of exposure or allergen
- Exacerbation of pre-existing dermatitis
- Exposure to toxic irritants (act as haptens)
- Lesions are red, papulovesicular, oozing, and crusted
- If persistent, develop reactive acanthosis and hyperkeratosis that produce raised scaling plaques

Drug eruption

- Photosensitivity reactions principally caused by:
- Tetracyclines
- Phenothizaines
- Oral contraceptives

Contact dermatitis

- Histopathology
- Spongiform change (edema) in stratum spinosum
- Minimal edema in the papillary body
- Perivascular sleeves of mononuclear cells present about superficial and deep venules.
- Eosinophils in infiltrate point to drug reaction or insect bite.
- Minimal interface dermatitis
- Infiltrate that preferentially affects superficial dermal layer points to non-allergic contact dermatitis.
- Acanthosis in later stages (plaque)

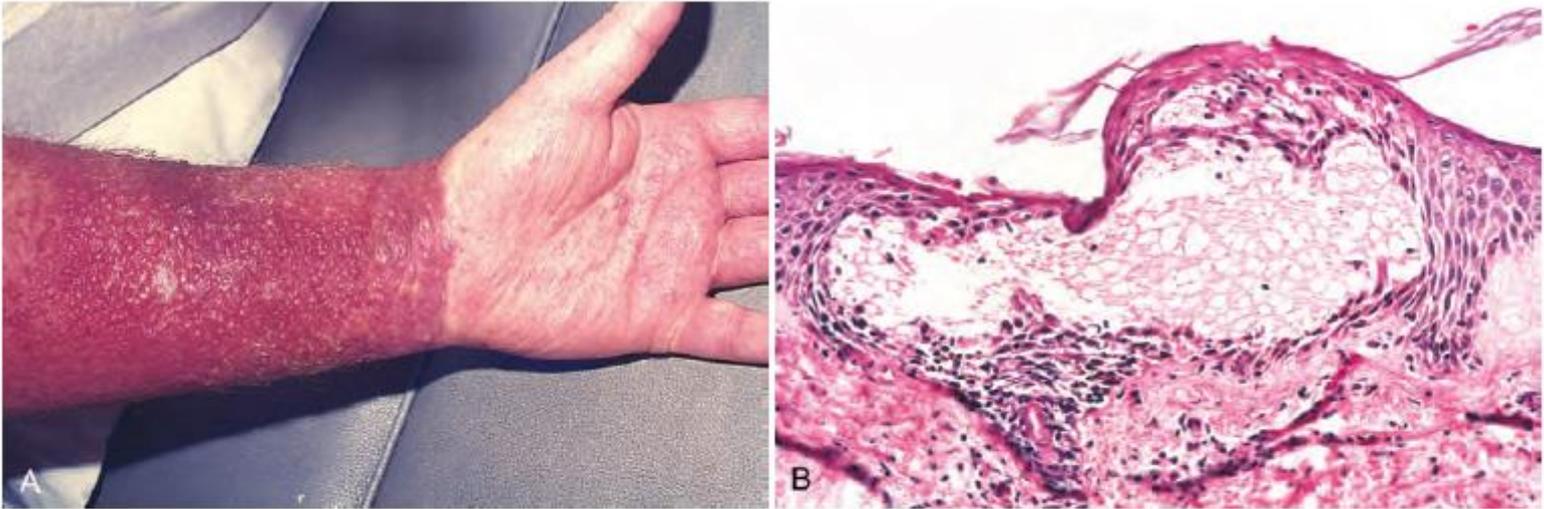
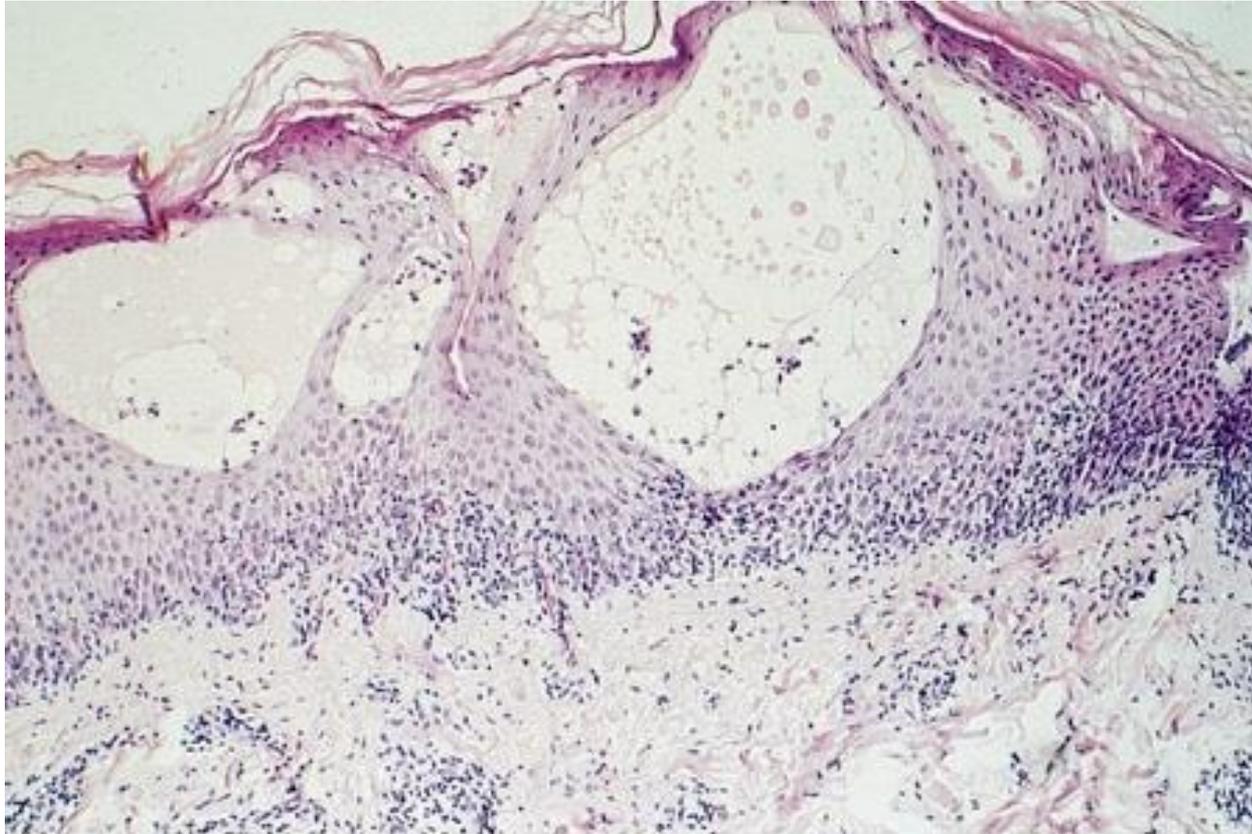


Figure 25-23 Eczematous dermatitis. **A**, Acute allergic contact dermatitis due to antigen exposure (in this case, laundry detergent in clothing) marked by numerous vesicular lesions on erythematous skin. **B**, Edema within the epidermis creates small fluid-filled intraepidermal vesicles.

Contact dermatitis

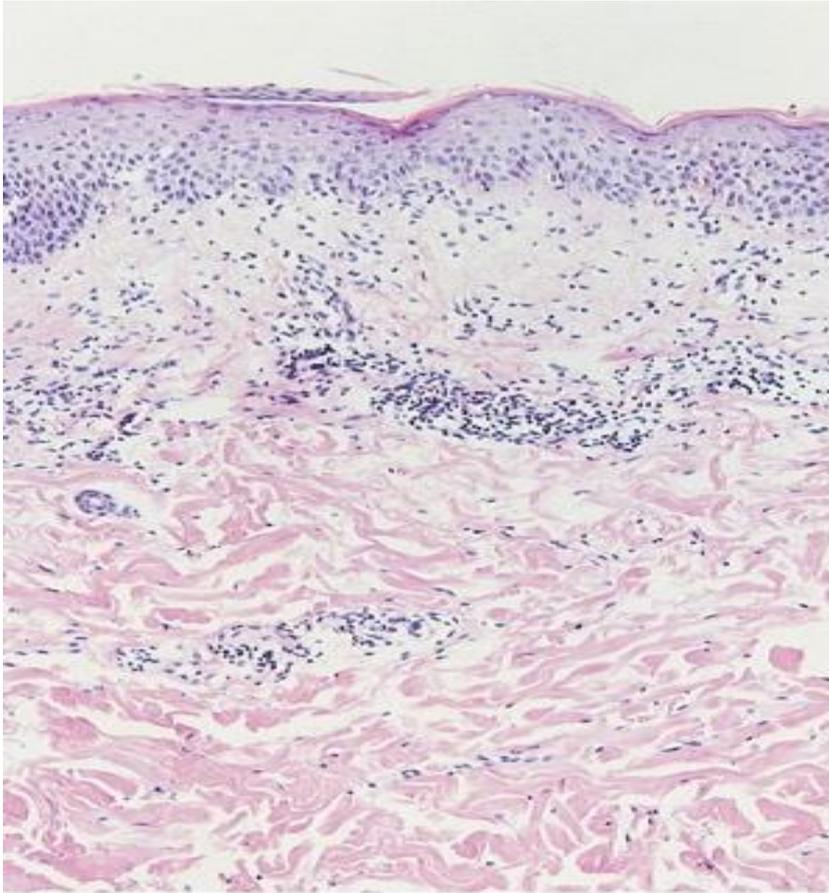


Source: Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ:
Fitzpatrick's Dermatology in General Medicine, 7th Edition: <http://www.accessmedicine.com>

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Fig. 6-10 Accessed 07/16/2010

Drug eruption



A

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Atopic dermatitis

- Onset in first 2 months of life
- 60% of patients present in first year
- There is an adult form
- Males predominate
- Personal or family history of allergic rhinitis, hay fever, or asthma
- Dry pruritic skin
- Presents with
 - Poorly defined erythematous patches, papules, and plaques with or without scaling
 - Skin appears puffy

Atopic dermatitis

- Predilection for flexor surfaces, neck, face, dorsa of feet and hands
- Face (sparing the mouth) in children common
- Follicular eczema common in African and Asian populations
- Type I hypersensitivity reaction
- Langerhans cells possess high affinity IgE receptors
- Mediates eczema

Atopic dermatitis

- Lichen simplex chronica
- Characteristic feature of atopic dermatitis
- Histopathology
- Hyperkeratosis, diffuse basal cell degeneration, a band-like infiltrate of lymphocytes in the dermis.
- Epithelial claws are also seen.

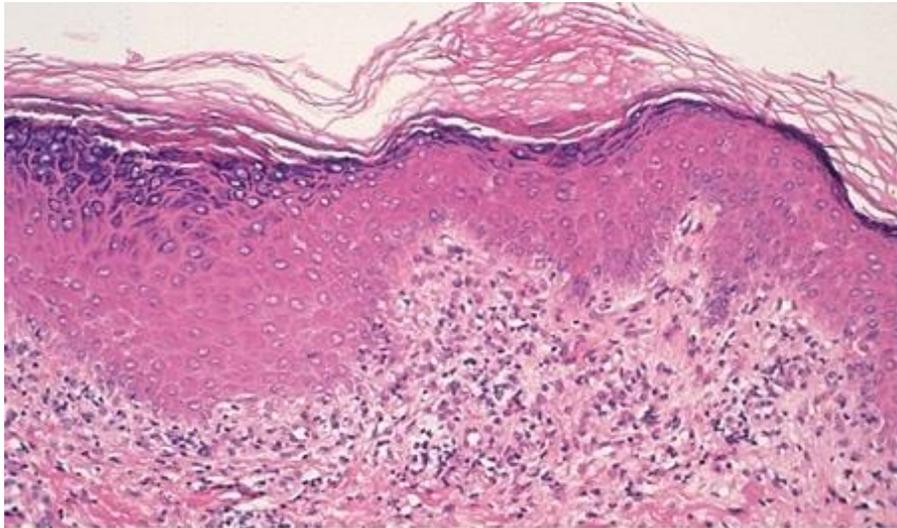
Atopic dermatitis



Source: Wolff K, Johnson RA: *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, 6th Edition*; <http://www.accessmedicine.com>

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Lichen simplex chronica



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Fig. 26-16
Accessed 07/20/2010



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Fig. 2-21 Accessed 07/16/2010

Atopic dermatitis

- Acute lesions may benefit from cold compresses with saline.
- If lesions widespread, may benefit from lukewarm baths with oatmeal.
- Topical steroids and oral anti-histamines may be required.
- Remove any precipitating agent.
- Atopic dermatitis benefits from moisturizers, emollients, and topical steroids.

Non-atopic dermatitis

- Nummular eczema
- Older men
- On legs
- During winter months
- Dyshidrotic eczematous dermatitis
- <40 years of age
- No sex predominance
- Hands (80%) and feet involved
- Small deep seated vesicles (“tapioca”)
- Recurrent attacks
- Sweating not involve

Seborrheic dermatitis

- 5% of population
- Males predominate
- May present within the first few months of life
- May present at puberty
- Majority of patients present between 20-50 years-old
- Present in areas of large concentration of sebaceous glands
- Diffuse involvement of the scalp and other hairy areas of the head (eyebrows, eyelashes, beard)
- Dandruff as example
- “Cradle cap”

Seborrheic dermatitis

- Also involved is the flush (“butterfly”) area of the face
- Glabella and forehead (“corona”)
- External auditory canal and retroauricular area
- Fissures may be present behind the ears
- Nasolabial folds are also involved
- Presternal areas
- Intertrigonal areas
- Genitalia
- Presents with macules and papules on a red-yellow greasy base in association with scaling and crusting.

Seborrheic dermatitis

- Histology
- Parakeratotic areas contain neutrophils and serum are present at the ostia of hair follicles (follicular flipping).
- Superficial perivascular inflammatory infiltrate of neutrophils and lymphocytes at tips of follicular openings is characteristic.
- May be difficult clinically to separate from psoriasis vulgaris
- Similar picture with niacin or zinc deficiency
- Treatment involves selenium shampoo