

Atopic Dermatitis (Eczema)

Eczema presents as a **dry, red, and itchy** rash. In infants, it presents as papules, vesicles, and crusts (careful with impetigo) that presents on cheeks and extensor surfaces. It's almost always part of the "3As," **A**sthma, **A**llergies, and **A**topy. For infants, de-escalate food additions and slowly add food back. Avoid food that triggers a reaction. In adults, where the condition has been more chronic, there's **symmetrical lichenification** induced by a chronic itch-scratch cycle. Again, **avoidance of triggers** (as with infants) is crucial. Topical emollients can avoid the need for steroids. If **topical steroids** are prescribed, they may be used only for a brief time as they can lead to skin atrophy. The goal is to break the itch-scratch cycle and allow the skin to heal.

Contact Dermatitis

There are two forms of contact dermatitis: irritant and allergic. **Irritant** is caused by direct toxic effect of a chemical on the skin: i.e. excessive hand-washing, rubbing on leather boots, or some occupation-related chemical. Avoid those irritants and the patient should be fine. **Allergic** contact dermatitis is caused by a **Type IV hypersensitivity reaction** in response to some allergen. Common causes are metals like **Nickel** (on clothing or jewelry), **latex**, or plants (**poison ivy / oak**). Look for a red rash in the shape of an object (like a glove, bracelet, or shoe strap). Treat by avoiding contact with triggering agents and with topical **diphenhydramine** or aloe creams.

Stasis Dermatitis

When fluid sits in a place for a long time chronic skin changes develop. So, for whatever reason, people with chronic lower extremity edema will develop stasis dermatitis. It's characterized by **edema, erythema, brown discoloration**, and **scaling** (flaking of skin). It's a clinical diagnosis; biopsy should be **avoided** as a non-healing ulcer may develop. Venous stasis ulcer (medial malleolus) can accompany stasis dermatitis. Early stasis dermatitis may mimic cellulitis, but is often the diagnosis when symmetrical and bilateral. Treatment is correcting volume overload (**diuretics only when overloaded**) and using **compression stockings** and **leg elevation** to facilitate drainage of fluid from the legs.

Hand Dermatitis

Resulting from excessive hand-washing (look for the **food-industry** or **health-care** worker). The dermatitis is on the hands only. The goal is to avoid frequent hand washing and wear protective gloves instead. Harsh hand soaps should be avoided. Moisturizers should be used frequently.

You know what'd be sweet over here? Images! Unfortunately, we can't swipe off Google; we're currently developing our own dermatology atlas. Derm is a very visual field, so make sure YOU Google the dz until then (some imgs already in the qbank).