How an Expert Approaches Dermatitis

Matthew J. Zirwas, MD
Director, Ohio Contact Dermatitis Center
Member, North American Contact Dermatitis Group
## Disclosures

<table>
<thead>
<tr>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regeneron / Sanofi</td>
</tr>
<tr>
<td>Fit Bit</td>
</tr>
<tr>
<td>Genench / Novartis</td>
</tr>
<tr>
<td>L’Oreal</td>
</tr>
<tr>
<td>Menlo</td>
</tr>
<tr>
<td>AsepticMD</td>
</tr>
<tr>
<td>Leo</td>
</tr>
<tr>
<td>Janssen</td>
</tr>
<tr>
<td>Incyte</td>
</tr>
<tr>
<td>Foamix</td>
</tr>
<tr>
<td>DS Biopharma</td>
</tr>
<tr>
<td>UCB</td>
</tr>
<tr>
<td>Pfizer</td>
</tr>
<tr>
<td>Lilly</td>
</tr>
<tr>
<td>Asana</td>
</tr>
<tr>
<td>Asana</td>
</tr>
<tr>
<td>Avillion</td>
</tr>
</tbody>
</table>
Fisher’s Contact Dermatitis, 7th ed

- New chapter on the treatment of contact dermatitis with an emphasis on using web-based tools to optimize allergen-avoidance strategies
- Detailed survey of major groups of allergens and their sources
- Completely new chapter on evaluating patients with dermatitis and determining necessity of patch testing
- Completely new chapter on the evaluation and management of hand dermatitis
CeraVe Cream

- You will note that I recommend CeraVe Cream repeatedly by name.
- You will also note that CeraVe pays me.
  - Thus, you should take it with a several grains of salt, as although I don’t think I’m biased, the evidence proves that people like me are.
- I recommend CeraVe because it is the only widely available moisturizer that:
  - Contains Ceramide 1 and Ceramide 3
  - Does not have fragrance, formaldehyde, lanolin, propylene glycol, or other significant contact allergens
Am I **REALLY** an expert?

Matt.Zirwas@gmail.com
Common Final Diagnoses of Patients Referred by Dermatologists for Patch Testing

- Dermatitis NOS
- Allergic Contact Dermatitis
- Irritant Contact Dermatitis
- Atopic Dermatitis
- Seborrheic Dermatitis
- Xerotic Dermatitis
- Nummular Dermatitis
- Dermographism
- Neurogenic
- Scabies
- Stasis
- Self-Induced
- NOT Drug
Diagnostic Approach for Spongiotic Dermatitis without an Obvious Diagnosis

- **History**
  - Often some clues, rarely gives the diagnosis

- **Exam**
  - Generally not very helpful except distribution
  - UNLESS you find something other than dermatitis

- **Biopsy**
  - Generally not very helpful except to rule out non-dermatitis

- **Labs**
  - Generally not helpful

- **Patch Testing**
  - Potentially diagnostic results about 1/3 of the time
  - About ½ of these are actually contact dermatitis
History in Dermatitis

- How long have they had it?
  - Since childhood supports AD

- Seasonality?
  - Supports AD or xerotic

- Moves from day to day?
  - Supports dermatographism

- Product usage
  - Can support irritant, xerotic, or allergic

- Pure itch vs itch+
  - Pure itch: neuropathic
  - Stinging, burning, etc support ACD/ICD/AD/NOS

- Itch precedes rash
  - Supports neurogenic

- Small red bumps that liquid comes out of
  - Supports neurogenic over self-induced

- Have dandruff
  - Supports seb derm

- Worse with exercise
  - Supports AD
Distribution in Dermatitis

- **T&E, Includes Back**
  - Dermatitis NOS
  - ACD to clothing
  - ICD to laundry detergent
  - Scabies
  - Nummular
  - Xerotic

- **T&E, Spares Back**
  - ACD to bodywash
  - ICD to soap

- **Waistband / Bra / Scalp**
  - Dermographism

- **Hands**
  - Palms: NOS/endogenous or psoriasis
  - Dorsal: irritant
  - Both: ACD
  - Fingertips: frictional

- **Shins**
  - Neurogenic
  - Stasis

- **Forearms**
  - Neurogenic
  - PMLE
Facial Distributions of Dermatitis

- Face and Neck Confluent
  - AD
  - Airborne ACD

- Lateral Face
  - ACD to shampoo, conditioner

- Patchy including central
  - ACD to facial cleanser

- Confluent central
  - ACD to moisturizer, gold interacting with foundation

- Any retroauricular
  - Supports seb derm

- Any face goes against:
  - Scabies
  - NOS
  - Nummular
  - Xerotic
  - Dermographism

- Scalp
  - Any involvement strongly argues against ACD
Eyelid Dermatitis

Key points

- Asymmetry →
  Ectopic Allergic Contact Derm from hands

- Spread beyond lids →
  Allergic Contact Derm from product contacting entire face

- Atopic Dermatitis Elsewhere →
  Atopic

- Retroauricular and/or erythemaSCALE without edema →
  Seborrhea/Psoriasis

- Eyelid Limited without much erythema →
  Irritant dermatitis

- Medial upper lid →
  LSC
Asymmetric Eyelid Dermatitis
Asymmetric Eyelid Dermatitis

- **Allergens**
  - Nail Polish
    - Toluene/Sulfonamide Formaldehyde Resin
  - Acrylic Nails
  - Hand Moisturizers
    - Lanolin, MCI/MI, Formaldehyde, Fragrance, parabens
  - Hand Soaps
    - Fragrance, MCI/MI, Formaldehyde, betaines
Eyelid Dermatitis beyond Eyelids
Eyelid Dermatitis beyond Eyelids
Eyelid Dermatitis beyond Eyelids
Eyelid Dermatitis beyond Eyelids
Eyelid Dermatitis beyond Eyelids

- **Allergen Sources**
  - Soap and Shampoo
    - Betaines, Fragrance, Formaldehyde, Parabens
  - Hair Dyes
    - PPD
  - Make-up applicators
    - Rubber
    - Make-up a rare allergen, common irritant
  - Eyelash Curlers
    - Nickel
Eyelid Seborrheic Dermatitis
Seborrheic Dermatitis/Psoriasis

- Exclude other diagnoses as much as possible
- Check retroauricular areas
- Treat with steroids and antifungals
  - ciclopirox has best data
- Wash face with dandruff shampoo
- Can look like ACD, ICD
Atopic Dermatitis and LSC of the eyelids

- Usually are an obvious atopic, although not necessarily atopic dermatitis
  - Most often with seasonal allergies
- LSC Favors medial eyelid, but can be entire upper and lower lids
- Treatment
  - Antihistamines (oral and eyedrops)
  - Sarna Sensitive, moisturizers
  - Steroids, Protopic
Eyelid Dermatitis Treatment Principles

- If chronic, continuous: Protopic
- If intermittent: Best data suggests that class IV steroid is safe to use up to half the time
- Rinse eyelids very well after washing face
  - Wash face with CeraVe or Cetaphil after shampooing
Dermatitis NOS

- Widespread on the trunk and extremities that is primarily epidermal
  - Scabies
  - ACD to bodywash
  - ICD to laundry detergent
  - Adult onset AD
  - NOS
Dermatitis NOS

- **Short term systemic steroids**
  - 40x2, 20x2, 10 QOD x 30 days

- **Avoid allergens**
  - Dove Bar, CeraVe Cream
  - CeraVe with Clobetasol at approx. 1:10

- **Avoid irritants**
  - Use Free Clear All, double rinse laundry

- **Treat Scabies**
  - Permethrin 5% + Ivermectin 1 mg / 10 lbs
Irritant Hand Dermatitis

- Due to repetitive exposure to soap and water
- Most common in professions with frequent exposure to soap and water followed by wearing gloves:
  - Healthcare
  - Beauticians
  - Food Service workers
Irritant Hand Dermatitis

- Alcohol based hand sanitizers are less irritating than soap and water
  - But they sting like crazy if already have dermatitis when start using
Irritant Hand Dermatitis

Treatment

- Switch to hand sanitizer if possible
- Moisturize immediately after *every* hand washing
- Should either resist wash off or penetrate SC
  - CeraVe Therapeutic Hand Cream
  - Tetrix
  - CeraMax
  - Neosalus
  (none of the above have “active ingredients” so no generic names)
- Avoid using topical steroids for more than 2 consecutive days – impairs barrier repair
IrritantEyelidDermatitis

- Wash face with gentle cleanser after rinsing out shampoo and conditioner
  - CeraVe Hydrating Cleanser
- Apply ceramide containing moisturizer immediately after drying face
- Use class IV steroid up to 4 days per week
Suspected Facial ACD

- Don’t TRUE Test
- Empiric Allergen Avoidance x 8 weeks
  - Dermarest Psoriasis 2-in-1 Shampoo Conditioner
    - Use it to wash face or CeraVe Hydrating Cleanser
  - If need moisturizer, CeraVe PM
  - Unless confluent on face, foundation OK
    - Rest of make-up ok unless dermatitis fits specific distribution
  - No nail cosmetics, no gold jewelry
Suspected Facial ACD

- Give IMK at beginning if severe
- Clobetasol into CeraVe at approx. 1:20 ratio
  - Up to 5 nights a week
- If better, find somebody doing at least ACDS Core Series
- If don’t get better, have pretty effectively ruled out ACD
Low Allergenicity Products

- Soaps
  - Dove Sensitive Skin Bar
- Shampoo/Conditioner
  - Dermarest Psoriasis 2-in-1
- Make-up
  - Any Powders
- Moisturizer
  - CeraVe products
- Antiperspirant
  - Almay Fragrance Free Gel
- Hair Dye
  - Wella Koleston Perfect Innosense
- Exam Glove
  - Ansel Microtouch NitraFree
- Sterile Glove
  - Ansel Gammex non-Latex Sensitive
- Steroids
  - Desoximetasone ointment, spray
  - Clobetasol scalp solution
  - Triamcinolone ointment
  - Tacrolimus ointment
Thank You.