



HAND RASHES

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There are many ways a person can get a hand rash, but all have some aspects in common. The skin is exposed to something irritating. It reacts with a rash. Hand eczema is another name for the same thing.

Most hand rash cases are called "contact dermatitis" because they are caused by contact with substances found in the environment. A powerful irritant, like some industrial chemicals, acids or cleaning fluids, are obvious causes of contact dermatitis. More often, the irritant is milder and the problem starts out as dryness of the hands. A few of the more common irritants are over drying due to frequent hand washing, soaps, cleaning agents or even ingredients in skin and personal care products.

The inflammation appears as redness, swelling and itching. The skin loses its ability to serve as a barrier and keep the outside world out. It allows more outside irritants in. Until all the irritants are removed, the skin will not heal. Once skin becomes red and dry, even so called "harmless" things like water and baby products can irritate skin further. This is a cumulative irritant dermatitis, in that it is not one big irritant but a lot of small ones.

The tendency to get skin reactions is often inherited. People with these tendencies may have a history of hay fever and/or asthma in combination with food allergies and a skin condition called **atopic dermatitis or eczema**. Their skin can turn red and itch after contact with many substances that might not bother other people's skin.

Less commonly, some cases of Hand dermatitis are **allergic**. This means after a period of exposure the substance caused sensitivity against it to develop in the skin to that, and only that, substance. The culprit could be anything, but rubber, metals and preservatives are common. Even prescription skin creams can do this. Then, afterward, whenever the skin is exposed to the same substance -- even slightly --it becomes inflamed. An example of an allergic reaction it is poison ivy dermatitis.

The least common forms of hand dermatitis are often the most severe. **Dyshidrotic hand dermatitis** forms blisters under the skin, especially on the sides of the fingers and on the palms. It is internally produced, and seems to worsen with stress. Hyperkeratotic hand eczema develops thick scales and fissures. Either these may be forms of psoriasis, or at times psoriasis may look similar. These are more internally caused, and often also affect the feet.

Dermatologists use a combination of methods to heal the skin. A prescription ointment or cream will be prescribed. If this cream doesn't seem to be helping after 7 to 10 days, call the doctor. It's possible one may need an oral antibiotic if an infection is present. Patients with severe hand rashes may be given oral or injected **steroids**. Keep hands away from irritants. The next section will explain what to avoid while the skin is healing.

Frequent hand washing and water contact should be avoided. To do this, protect hands by using gloves and creams as barriers. Dirty the gloves, not the hands. Take rings off to wash because they trap soap and water next to the skin. Use lukewarm water and rinse thoroughly after washing with soap. Use a mild soap (Dove, Basis, Olay, Cetaphil) or a soap substitute (Cetaphil lotion, Oilatum-AD). Blot the skin dry carefully.

Apply moisturizer while the skin is still moist. Repeat after each hand washing, immediately after bathing and after removing gloves. The rule of thumb for moisturizers is: the messier, the better. Moisturizing creams are better because they are thicker and last longer on the skin. Lotions, which contain mostly water, are the least effective as moisturizers.

Wear waterproof gloves while peeling and squeezing lemons, oranges, or grapefruit, peeling potatoes, and handling tomatoes. Wear them for tasks such as dishes, folding laundry (the fabric soaks the moisture out of the hands), peeling vegetables or for

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handling citrus fruits or tomatoes. Always replace gloves that develop holes. One should have enough waterproof gloves so that the insides of the gloves can dry between uses.

Plastic or vinyl is better than latex and powder free is much better than powdered when choosing gloves for people with sensitive hands. Heavy-duty vinyl gloves are better than rubber gloves. One may become allergic to rubber. Also, if latex gloves are worn at work, keep in mind that petroleum jelly based products and some others will damage them. Be sure to use an approved moisturizer if latex gloves are worn. Buy 3 to 6 pairs and place them in convenient locations, such as the kitchen, bathroom, and laundry areas. Wear leather or heavy-duty fabric gloves when doing non-wet housework and gardening.

Use of thin white cotton gloves as an absorbent liner under them underneath the waterproof gloves is highly recommended. Cotton gloves can also be worn alone during the day to protect hands from irritation. These cotton gloves should be washed frequently. A greasy ointment (prescription or white petroleum jelly, "Vaseline") applied to hands and covered with cotton gloves at night can really help.

Don't pick at any loose ends of skin. These loose ends are best clipped off with a small nail clipper or scissor. Painful spits and cracks can be sealed with "New Skin" (or if one is really careful, Krazy glue). Minor, repeated friction with tools or papers is the main problem for some. Keep hands out of the cold, dry air and wind. Protect ones hands for at least four months after the dermatitis has healed. It takes a long time for skin to recover, and unless one is careful the dermatitis may recur.

Therapies for severe problems

Ultraviolet light, with and without a drug called psoralen is very effective even for the most severe cases. In topical **PUVA**, the psoralen is applied to the hands prior to putting them under the UVA light, making the skin more sensitive to the light. As a result, the allergy cells in the skin are altered. This temporarily controls the allergy.

Another therapy used to modify the cells involved in the inflammation is **Grenz ray therapy**. This is an older treatment that is safe and effective. Grenz ray is a form black light that has energy that borders on X-ray, but it does not penetrate beyond the skin. Both procedures require several sessions to complete, and are done in addition to all of the other treatments and precautions. Once completed, the therapeutic benefit can last up to 6 months.

For blistered or oozing hand dermatitis, compresses may be prescribed. After the acute condition subsides in a week or so, stop the soaks and apply the prescription creams and recommended moisturizers. Recurrences will still appear, and the treatment can be repeated.

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