FOCUS ON PRACTICE

How do you manage dermatitis after exposure to the causative agent has ceased?

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Contact dermatitis may not clear completely when the cause of the problem is removed, and in some cases continues long after the causal occupation has been given up. This paper outlines some methods of managing the problem.

Key words: Causative agent; dermatitis; management; occupational.

Not all contact dermatitis clears completely when the apparently responsible initial contact ceases, and some even continues after the causal occupation is entirely given up. The reasons for this are still far from clear, and hypotheses range from the genetic to the environmental, the true explanation possibly being multifactorial. The management of occupational cases is therefore often supportive rather than curative. The principles of such management are to protect the skin as far as possible from further damage by other contact irritants and allergens, to promote the effectiveness of the natural barrier layer of the skin by the frequent use of a moisturizing cream, and to suppress the inflammatory process as far as possible with topical corticosteroids. In severe cases, courses of systemic corticosteroids, psoralen and ultraviolet-A (PUVA) treatment, superficial X-ray therapy or immunosuppressants may be considered by a dermatologist.

First of all, though, it is essential to ensure that exposure to the original causative agent really has ceased. For example, an allergen such as formaldehyde may be present as a preservative in household products, as well as in its original source at work, and formaldehyde-releasing preservatives are commonly used in cosmetics and toiletries. Vigilance is therefore required to make quite sure that continuing exposure is not in fact occurring. Even when the original causative agent is effectively being avoided, skin with dermatitis will remain susceptible to aggravation by other contact irritants and allergens, which may be entirely unconnected chemically with the initial contact factor. The patient needs to be encouraged to be alert to these secondary contactants, which may be met with even when apparently recuperating at home.

The natural barrier of the skin to external substances resides mainly in the stratum corneum (horny layer) of the epidermis, which is a lipoprotein membrane. To maintain its integrity, this membrane requires at least 10% of its weight in water to be present within it. Dermatitis compromises its water-holding capacity and this compromised skin must therefore be assisted by the application of a moisturizing cream (or emollient). Remoisturization of the skin is no longer thought to be just a matter of adding water and trapping it under a lipid film. A more complex process is now envisaged of initial hydration, followed by temporary restoration of the barrier effect by the moisturizer, allowing the intrinsic barrier function of the skin to be gradually restored by natural moisturization from below. Effective skin moisturization therefore depends on frequent moisturizer application, with which it may be difficult to achieve patient compliance. The greater the use of an emollient, however, the less the need for a topical corticosteroid.

Topical corticosteroids for long-term use in persistent dermatitis will usually be ointment-based, for increased emolliency, and of moderate potency, which is often achieved by prescribing a quarter-strength dilution of a potent topical corticosteroid. Application should be restricted to once or twice daily, according to the pharmacokinetics of the corticosteroid chosen, but an emollient should be applied in between times. The last, but possibly the key, facet of the management of such cases lies in the enthusiasm of the clinician. Patients can be immensely encouraged when an interest is taken in their progress. An optimistic approach to the ultimate outcome of the condition is always called for, and such
reassurance can legitimately be given. Most cases, even of the most persistent dermatitis, do have a tendency to improve under the management described above. Every now and again it is possible to bid such patients goodbye, relying simply on an emollient for their continuing skin care.

REFERENCES


