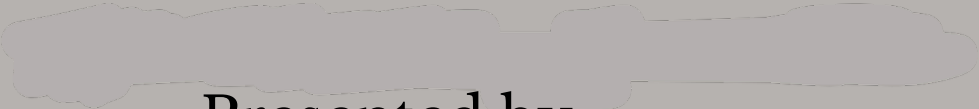


# Eczema and pruritus



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# Eczema

Definition: Eczema is a term used for a group of conditions that cause the skin to become inflamed , red and itchy , ( Itching is the characteristic and the presenting symptom ) .

Dermatitis can be used as another term for eczema

Eczema is not infectious

Eczema can be classified according to the onset and duration into ; acute and chronic

Acute eczema	Chronic eczema
Recent Acute onset	Longlasting
Marked erythema	Thick scaly skin (lichenification)
Marked edema with vesicle formation and oozing	Less edema
Recent marked itching	Itching during exacerbation

# Acute eczema



# Chronic eczema



-Eczema also can be classified according to the cause into; endogenous and exogenous

### endogenous

Atopic dermatitis

Seborrheic dermatitis

Discoid(nummular) eczema

Stasis dermatitis

Asteatotic eczema

Dyshidrotic eczema

### exogenous

Contact allergic dermatitis

Contact irritant dermatitis

Contact allergic photodermatitis

Contact irritant photodermatitis

# Exogenous eczema

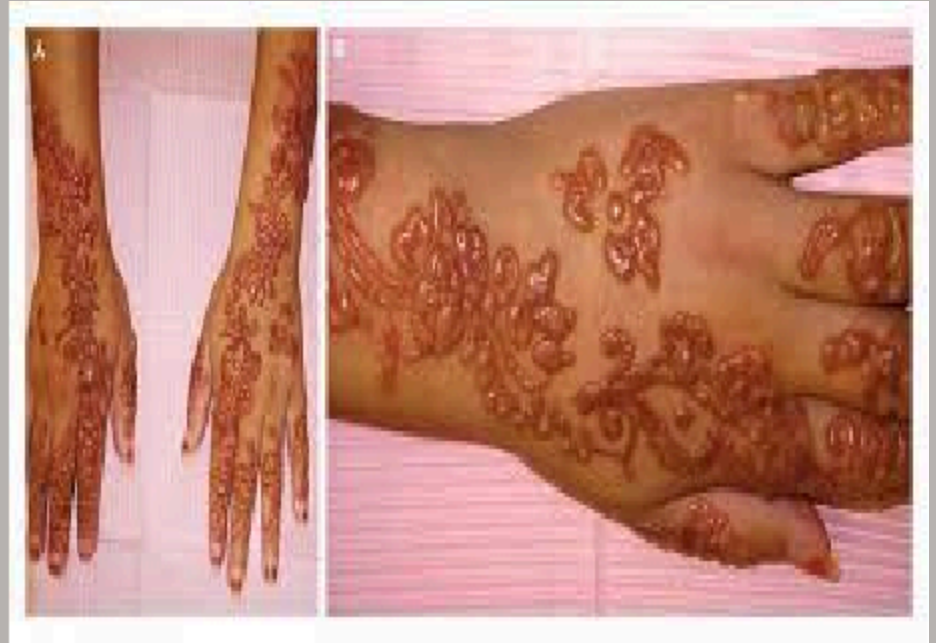
## 1 -Contact allergic dermatitis(eczema)

- It is a type four hypersensitivity reaction ,it occurs in predisposed persons only Needs previous sensitization and occurs after second and after each exposure to the offending substance
- Allergic substances include: nickel, cement, rubber, dyes and others
- It occurs in some persons with some substances,

regardless the concentration of the substances or the duration of the exposure.



# Contact allergic dermatitis



## 2 -Contact irritant dermatitis(eczema)

- It can occur in all persons if they expose to the substance for long duration or with high concentration, even after first exposure
- No need for sensitization
- Examples : Chemicals ,detergents





## Contact allergic dermatitis

type four hypersensitivity reaction	<b>Contact irritant dermatitis</b>
predisposed persons some persons with some substances	Non-specific , toxic effect
Needs previous sensitization	occur in all persons
regardless the concentration of the substances or the duration	No need for sensitization
nickel, cement, rubber, dyes and others	substance for long duration or with high concentration
	Examples : Chemicals ,detergents

## **3 -Contact allergic photodermatitis(eczema)**

- It is a contact allergic dermatitis but it needs sun exposure occur
- Sun exposure is needed for the eczematous reaction to develop

## **4 - Contact irritant photodermatitis (Eczema)**

It is a contact irritant dermatitis but it needs sun exposure to develop

# Patch test

- Patch test is a diagnostic test to detect the allergic substance that cause the allergic contact dermatitis .Its avoidance cures the disease and this is important in occupation related skin reactions
- Photo patch test is the same but it is used for photo allergic dermatitis and the tested area needs exposure to ultraviolet light(sun light)



# Endogenous eczema

## 1 - Atopic dermatitis

Common inflammatory itchy skin disease Affects 20% of children and 1-3% of adults 85% of patients are less than the age of 5 years 70% of patients will go into remission before adolescence ,No laboratory test to diagnose atopic eczema Diagnosis is clinically ( a triad of dry skin, itching and specific eczematous lesions especially in flexures)

It can be a part of atopic state that includes ;Atopic eczema, hay fever, allergic rhinitis, allergic conjunctivitis and bronchial asthma

Cheeks is a common sites of skin lesions in infants and flexures is a common sites in children and adults Patients with atopic dermatitis are vulnerable for infection and allergic reactions





## 2 - Seborrheic dermatitis

Common itchy chronic inflammatory skin disease  
Affects mainly newborns and adults  
There is a possible role for pityrosporum ovale (yeast)

In newborns it can appear as cradle cap



- In adults appears as erythematous lesions with greasy scales on the Face and/or scalp, anterior chest upper back and skin folds  
Its differential diagnosis includes psoriasis



### 3 – Discoid (nummular) eczema

Chronic itchy inflammatory skin disease that can affect children and adults

Characterized by disc - shape lesions

bilaterally with sometimes mirror image

distribution Commonly lesions involve the

extremities more than the trunk Usually

does not affect the face and scalp

Differential diagnosis includes:  
psoriasis and fungal infection



# 4 – Asteatotic eczema

Chronic itchy inflammatory skin disease often affects elderly  
Mostly due to water loss from the stratum corneum  
because of genetic and environmental factors ( desert ,winter, excessive bathing ) Starts on the shins and then spreads  
The skin is dry and cracked –appearance of crazy paving  
Differential diagnosis includes acquired ichthyosis and skin changes of hypothyroidism





# 5 - Stasis eczema (Gravitational dermatitis)

- Occur mostly in people aged 50 years or older with lower limb stasis
- Chronic itchy inflammatory skin disease due to stasis
- Occur in women more than in men
- Lower limbs usually affected with scaly erythematous and hyperpigmented ( due to hemosiderin deposition) ill defined lesion
- Differential diagnosis include DVT, erysipelas and cellulitis



## 6 - Dyshidrotic eczema

Chronic itchy inflammatory skin disease affecting the hands (cheirpompulox) and/or feet (podopompulox)

Most often affects young adults

Characterized by deep seated vesicles and blisters on the palms, fingers, soles and toes Many patients

report palmoplantar hyperhidrosis

Differential diagnosis includes : psoriasis, contact dermatitis and id-reaction

( an allergic reaction to an inflammatory dermatophyte fungal infection elsewhere.



# Management

Prophylactic measures to avoid exacerbating factors like harsh clothes, irritants, infections and stress especially in atopic and seborrheic eczema Treatment of stasis in stasis dermatitis Emollient especially important for atopic and asteatotic eczema Topical steroids Topical calcineurin inhibitors (tacrolimus) Antihistamines Some times short course of systemic steroids in severe cases especially in acute forms or sever exacerbation

# Pruritus

Pruritus is a complex neurophysiological process through different mediation as a protective response to remove pruritogens - Pruritus is the most common dermatologic symptom - Pruritus should challenge the dermatologist to search for underlying cause

- Pruritus can occur with or without skin lesions and may represent a dermatological or systemic disorders
- Pruritus can be localized or generalized

# Few clinical clues

- Acute pruritus with no primary skin lesions and of short duration is less suggestive of systemic cause
- In pruritus not related to a primary skin disease there is only excoriation and secondary changes
- When multiple family members are affected think of infestation
- Pruritus after bathing think of polycythemia rubra vera
- Night pruritus with chills , sweating and fever think of Hodgkin`s disease



# Neurotic excoriations



is a psychodermatological disease characterized by an irresistible urge to scratch and pick healthy skin, which leads to self-inflicted lesions

# Xerosis

- Dry skin
- Elderly



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# Scabies

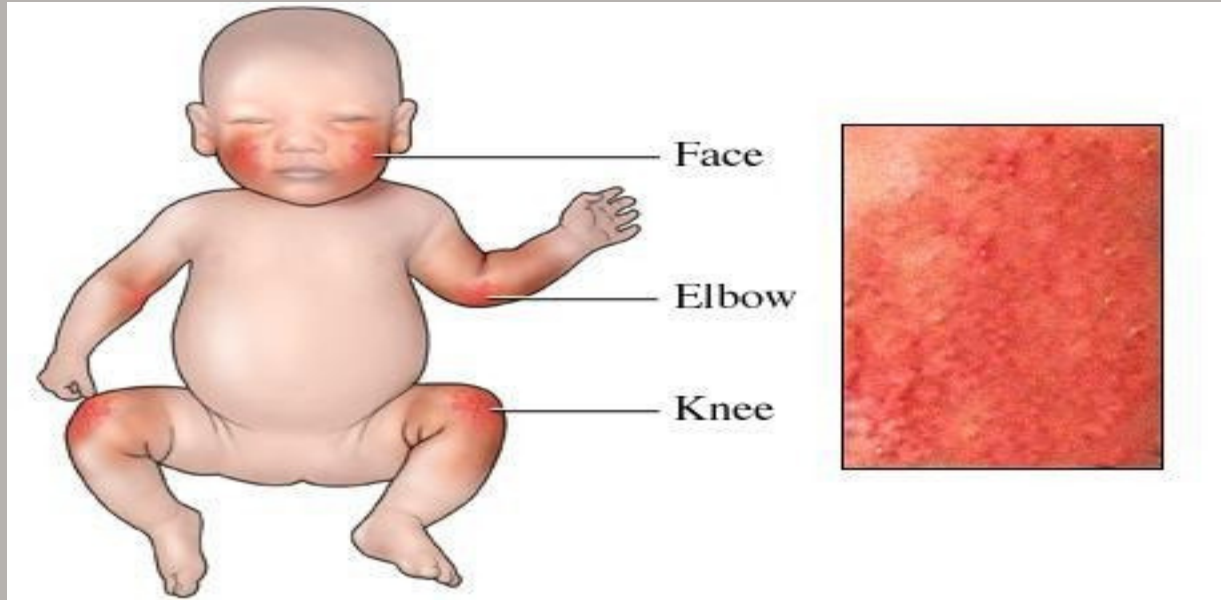




# Pediculosis



# Atopic dermatitis



# Urticaria



# Psoriasis

- Although psoriasis is not an itchy disease
- 85% of pt. suffer from generalized pruritus in one study



# Infection



Folliculitis

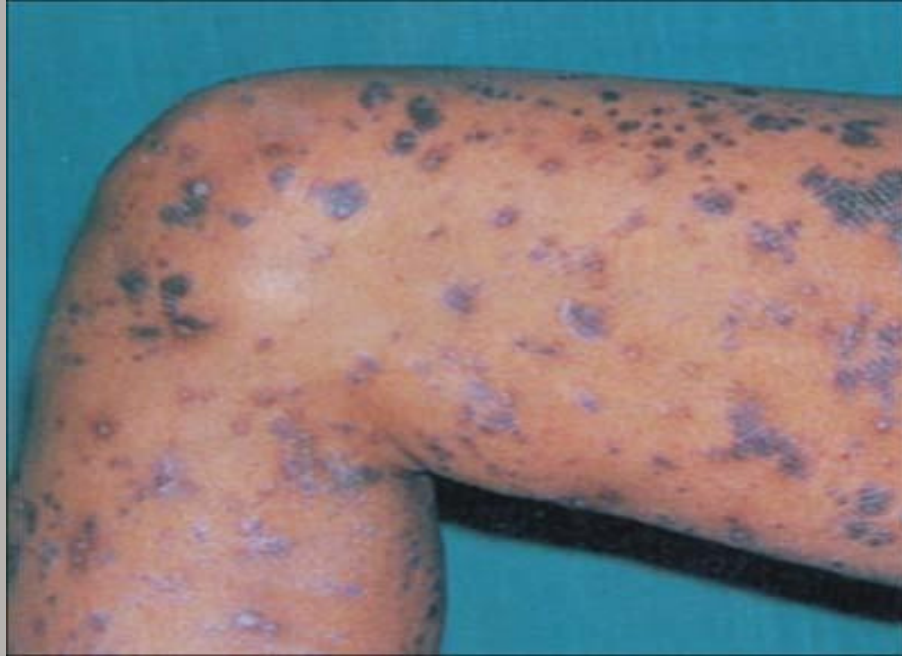


Herpes



chickenpox

# Lichen planus



# **Dermatitis herpetiformes**



# Cutaneous T cell lymphoma





## **Localized pruritus**

Lichen simplex chronicus

(neurodermatitis) Prurigo nodularis

Pruritus ani Pruritus vulvae and scroti

Scalp pruritus Pruritus in scar

# Lichen simplex chronicus(neurodermatitis)



# Prurigo nodularis



# Pruritus Ani

- Localized

- 25-95% primary – (Idiopathic) no cause



# Pruritus vulvae and scroti

- Infection - Skin disease
  - LP , psoriasis -
- Neoplasm , Paget`s disease
- 7% psychogenic



# Pruritus in scar

- Associated with normal wound healing , nerve regeneration



# **Purities of systemic disease**

# Renal prurities

- Mechanism still unknown - Can be localized or generalized - Treatment Gabapentin 200-300mg after hemodialysis session - Renal transplantation is the most effective treatment

# Cholestatic pruritus

- Any liver disease can cause pruritus  
- Worse at night - Worse on hands and feet and body regions constricted by clothing - Treatment is treating and removing the primary cause . Examp. remove galblader stones

# Heamatologic pruritus

-Iron deficiency  
- Polycythemia rubra vera  
- treatment Aspirin 300 mg t.i.d , phototherapy



# Pruritus and malignancy

- Any malignancy can induce pruritus as a paraneoplastic phenomenon - Hodgkin disease – strong association -

Non – Hodgkin`s lymphoma – less common (2%) -

Leukemia – CLL chronic lymphocytic leukemia.

- Thyroid disease
- Diabetes melitus

Endocrine pruritus

# Pruritus in pregnancy

- Dermatosis of pregnancy :



**prurigo of pregnancy**



**pemphigoid gestationes**



**pruritic urticarial plaques  
and papules of pregnancy**

# Cholestasis of pregnancy

- Generalized pruritus with or without jaundice -
- Absence of primary skin lesions - Biochemical abnormalities consistent with cholestasis -
- Disappearance of signs and symptoms after delivery
- Recurrence during subsequent pregnancies

- Increased serum bile acids  
(cholic acid , deoxycholic acid ,

chenodeoxycholic acid) - Prothrombin time

should be monitored because Vit . K

deficiency can occur due to impaired



# Pruritus HIV infection and AIDS

- Severe pruritus is common - AIDS patients may develop several pruritic conditions like , severe seborrheic dermatitis , eosinophilic folliculitis

Psychogenic pruritus

Consultation with psychiatrist is recommended



# Investigation

- CBC , KFT , LFT , urine analysis , ESR , CX Ray , Hepatitis profile , F.B.S

**Thank you**