

Section 3: Hand Eczema

clinical features

A Endogenous Eczema (e.g. atopic)

B Exogenous Eczema

(i) Contact Irritant Eczema

Due to substances coming into contact with the skin, usually repeatedly, causing damage and irritation.

Substances such as:

- Detergents
- Shampoos
- Household cleaning products

(ii) Contact Allergic Dermatitis

Due to type IV allergic reaction to a substance with the skin is in contact with.

All types of endogenous and exogenous eczema can present with either 'wet' (blistering and weeping) or 'dry' (hyperkeratotic and fissured) eczema.

treatment

Avoidance of irritants

Soap substitutes such as Aqueous cream should be used. Gloves e.g. household PVC gloves should be used for wet work such as dishwashing. Gloves may also be required for dry work e.g. gardening.

Emollients

These should be applied frequently. There are a variety of emollients available that vary in their degree of greasiness. Different patients will prefer different preparations.

Topical Steroids

The strength of topical steroid required varies from case to case. However, it is often necessary to use a potent topical steroid short term. Prescribe a cream formulation if 'wet' and ointment if 'dry'.

Potassium permanganate

1:10000 soaks for fifteen minutes daily for acute wet eczema until blistering weeping has dried.

Antibiotics (topical/systemic)

Exclude secondary infection and treat if appropriate.

therapeutic tips

Other skin conditions can mimic eczema and should be kept in mind. It is usually worth examining the patient's skin all over as this can provide clues to other diagnoses e.g. plaques in extensor distribution in psoriasis, scabetic nodules.

If contact dermatitis is suspected a careful occupational and social history should be taken and the patient will require Patch Testing.

Patch Testing is only of value in patients with eczema. It is of no use with type 1 reactions (e.g. food allergies causing anaphylaxis or urticaria). In practice the cause of eczema is often multifactorial with external factors precipitating eczema in a constitutionally predisposed individual.

If eczema is present on only one hand a fungal infection needs to be excluded by taking skin scrapings for mycology.

Criteria for Referral

- If allergic contact dermatitis is suspected and Patch Testing is therefore required.
- Severe chronic hand dermatitis, which is unresponsive to treatment described above.

Hand Eczema



"Wet" (blistering and weeping)



"Dry" (hyperkeratotic and fissured eczema)