



## **DYSHIDROTIC DERMATITIS (DYSHIDROSIS)**

### **DEFINITION**

Dyshidrosis is a common, chronic, and recurring dermatitis of the hands and feet. It is felt by many dermatologists to be a variant of atopic eczema that is confined to the palms, soles, and sides of the fingers and toes. The eruption may be mild and subtle to very severe and persistent. This condition may begin at any time in life, but is uncommon during childhood and most frequent during the ages of 15 to 50.

Dyshidrosis is characterized by the appearance of small blisters in groups within the skin that are often missed unless you are observant. Because of the thickness of the palms and soles, the blisters appear deep in the skin. Initially, there is very little redness with the blisters, but through the cycle of the rash, redness appears and the blisters break, ooze, scale, and crack. This often leads to scratching or picking, which causes more inflammation of the skin and a new cycle of blisters.

Once the condition becomes established, the natural tendency is for it to recur from time to time. This dermatitis has been well researched and is not related to vitamin deficiency or allergic reactions to food or things that touch your skin. There is compelling evidence to show that smoking may worsen the condition. Long term remission has been linked to stopping tobacco use in patients who are heavy smokers. Many irritants that touch the hands make the dermatitis worse, but are not the cause of the problem. Anything “wet” or “chemical” can act as an irritant, including soap, water, food, cosmetics, hair products, nail polish, cleaning supplies, fertilizer, paint, and many more. Dyshidrosis is not a sign of internal disease and is to be considered an entity in itself.

### **TREATMENT**

The condition is not contagious and our goal is to control the dermatitis and thus improve the function of your hands and feet. There is no guaranteed cure! Fortunately, most patients do very well with treatment and a spontaneous clearance usually occurs during the first few months to years. Topical steroid creams, ointments, gels, foams, or sprays have the ability to stop the cycle of blisters, itching, and scratching. Occasionally, oral medicines or soaks are needed. Rarely, shots of cortisone into the hands or feet are necessary, and are very effective. Ultraviolet light treatments are also helpful in some patients.

The key to success is regular application of medicine and protection of the hands from contact with irritating substances by the use of gloves. Use cotton gloves (Dermal gloves) for dry work and cover these gloves with rubber or vinyl gloves for wet work. You may put your medicine on at night and wear cotton gloves to bed for increased effectiveness. Frequent use of hand moisturizers will also help to heal the splits and cracks that often accompany the blisters. Sometimes antibiotics are necessary if a secondary infection occurs due to scratching or irritation. Anything that irritates the skin will make the condition worse, so be gentle with your skin until the condition has cleared completely.

