

CONTACT DERMATITIS PROTOCOL

Contact dermatitis is a broad term used to describe various abnormal reactions of the skin to the external environment. Contact dermatitis is of two types – allergic and irritant. Allergic contact dermatitis represents an immunologic response of the skin to an external allergen. Irritant refers to a reaction to a chemical substance seen in certain susceptible individuals at lower concentration than would be expected in “normal” people. Either condition can be induced by or aggravated by photic exposure.

I. **DIAGNOSIS:** Appropriate evaluation and diagnostic measures include the following:

- a. Extensive and comprehensive history and complete examination of the skin is necessary to diagnose the nature and cause of the patient’s condition.
- b. Skin biopsy may be necessary if the diagnosis is unclear or if there is a question of an underlying (coincident) skin disease.
- c. Bacterial and fungal cultures and limited blood evaluation may also be required.
- d. Patch testing is frequently necessary to identify the offending agent.
- e. On rare occasion, intradermal scratch tests to the suspected allergens may be necessary, particularly in dealing with an urticarial form of dermatitis.

II. **THERAPY:**

- a. Removal of the patient from contact with the suspected allergen is necessary. The acute process generally persists for a period of two to four weeks.
- b. Local therapy to include wet dressings, steroids, and/or emollient creams, tars, etc., are usually required.
- c. Systemic therapy may be required as well (antibiotics, antifungals, steroids, etc.). A chronic disorder may require use of tar, tar baths, or local PUVA.
- d. If the process persists, referral for dermatologic specialist care should be made after one month of therapeutic treatment.

III. **PROGNOSIS:**

- a. Assuming that the patient is removed from the offending agent, the acute contact reaction usually resolves with appropriate treatment over a two to four week period, depending upon the severity and location of the condition. A chronic dermatitis may require treatment over a three to six month interval, particularly if an underlying skin disease is contributing to the problem. On rare occasion, the condition is persistent and non-responsive to the usual treatments.

IV. **DISPENSATION:**

- a. With contact allergen – If the patient is found to be allergic to a specific material (at work) he-she cannot return to work requiring further contact with a specific agent. However, the previous difficulty does not preclude work in a similar field where the specific allergen is not present.

b. With contact irritant – The patient may be able to return to his-her present job with exposure to a more dilute concentration of the offending substance or with a more protected situation (gloves, creams, hardening, etc.)

PROTOCOL HISTORY:
Passed: 3/21/1995