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A Case of Occupational Dermatology

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ABSTRACT

Dermatitis affecting the hands is a reasonably common presentation to the General Practitioner. Hand dermatitis may cause more psychological concern than dermatitis affecting the body as it is more visible, the fear of transmission from others and the need to take a thorough occupational history are some aspects that are more specific to hand dermatitis.

KEYWORDS :

Clinical Scenario

A 27 year old woman (who will be referred to as Lisa) presented to me with a recurrence of her bilateral hand dermatitis.Lisa had small blisters on her fingers and palms. There was some skin peeling and cracks. Lisa stated that her hands were very itchy and she could not refrain from scratching them. This episode of her hand dermatitis had been going on for 7 days prior to her presentation. Her main concern for presentation was her inability to work. Lisa had no allergies, regular medications or other past or family history of significance.

Lisa did not have a regular General Practitioner and attended different General Practitioners for her hand dermatitis in the past. She was previously told it was eczema and given steroid creams which were effective in resolving the skin condition at the time.

On further questioning regarding Lisa's occupation, Lisa stated she worked at a large coffee franchise. Her job involved her making coffee and other drinks. She was required to frequently wash her hands in detergents and soaps provided by the company. Lisa also stated that making the drinks and the frequent washing of her hands exposed them to chemicals and extremes in temperature.

Pompholyx

Lisa was diagnosed clinically as having pompholyx. Pompholyx is a type of eczema that affects the hands and can affect feet. Currently, there is no known cause but some studies reveal that pompholyx may be due to abnormal sweating[1]. Pompholyx can be aggravated by frequent hand washing/immersion of hands in water and detergents. Stress can also aggravate pompholyx[3].

Treatment Options

Management, like all forms of eczema include the following[4]:

- Avoiding/limiting the aggravating irritants
- Avoid scratching the skin to prevent further skin damage and secondary infection
- Soaks or cool compresses to help dry blisters
- Emollients and moisturising creams/ointments
- Initial 2 week course of topical steroid creams
- Antibiotics may be needed if there is secondary infection

Case Discussion

From Lisa's history it can be seen that her occupation was a major contributing factor to her pompholyx. Due to her work, Lisa had regular repetitive exposure to irritants. Stress also played a role as the pompholyx was aggravated during the Christmas shopping season when it was more busy and stressful at work. Lisa made the decision to utilise worker's compensation for her treatment and time off work.

Lisa was provided with the above treatment regimedescribed, excluding the antibiotics as she did not have a secondary infection. In addition to this, Lisa's workplace was recommended the following additions:

- Availability of and encouragement to use gloves (barrier between skin and chemicals, detergents and extremes in temperature)
- Availability of and encouragement to use soap free handwash (non irritant)
- Availability of and encouragement to use alcohol-based hand rubs (described in studies to be less irritating to skin than repetitively washing with water)

Lisa's pompholyx resolved in two weeks. Lisa was provided with further education regarding hand and general skin care at her review. Lisa returned to work with the above changes in place. This case stresses the importance of taking a thorough occupational history as it assists in the diagnosis in addition to tailoring an appropriate management plan for patients.

REFERENCES

1. DermNet NZ. Pompholyx. Palmerston North, New Zealand: New Zealand Dermatological Society. Available at http://www.dermnetnz.org/dermatitis/pompholyx.html (Accessed 10 January 2013) | 2. Jain V et al. Role of Contact Allergens in Pompholyx. Journal of Dermatology 2004; 31(3): 188-193 | 3. Li L, Wang J. Contact Hypersensitivity in Hand Dermatitis. Contact Dermatitis 2002; 47(4): 206-209 | 4. Wollina U. Pompholyx: A Review of Clinical Features, Differential Diagnosis, and Management. American Journal of Clinical Dermatology 2010; 11(5): 305-314 | 5. Wollina U. Pompholyx: What's New? Expert Opinion 2008; 17(6): 897-904 |