

Irritant contact dermatitis

Contact irritant (toxic) dermatitis occurs as a result of direct damage to the skin by chemical or physical toxins.

Unlike contact allergic dermatitis, everyone who comes into direct contact with the harmful substance is affected.

Etiology

Direct damage in most people is caused by a toxic substance applied in a sufficient concentration, acting for a sufficiently long time.

acids, alkalis, detergents, solvents, UV radiation

Noxa damages both the membrane and the cytoplasm, and the released cytokines cause inflammation. Dermatitis occurs when the body cannot repair the damage. **Constitutional factors** apply to people who are particularly susceptible to the effects of irritants. Contact dermatitis occurs more often in atopic patients.

Clinical picture

Acute toxic dermatitis

It occurs already after the first contact with noxa, often as a result of a work accident. Redness and edematous seepage alternate with blisters and bullae, less often erosion, ulceration, necrosis. Healing takes place by the formation of crusts and desquamation. The patient's manifestations are burning and painful, the itching comes in the healing stage, unlike contact allergic eczema, which is very itchy.

Dermatitis solaris

Diaper dermatitis (dermatitis ammoniacalis)

It manifests itself as seedings of erythematous squamous foci. Moist steam along with urine and stool allow the multiplication of pathogenic microbes in the perianal and genitoinguinal areas. The symptoms are red and oozing, later spreading to the eyelashes. Bad hygiene, sometimes a change in the intestinal flora after antibiotic treatment, contributes to its development.

Chronic (cumulative) irritant dermatitis

Often referred to as housewives' eczema or eczema from wear and tear. It can occur after long-term contact with water, soap, cleaning and washing agents. The skin dries out, surface rashes form. The hands are almost always affected, the skin is rough, itchy, peeling and cracking.

Eczema asteatoticum

It is a result of drying out the skin. It leads to the formation of epidermal erythematous cracks and scales.

Therapy

First of all, it is necessary to eliminate the harmful substances and take protective measures (gloves, ointments). It takes many months to restore the barrier function of the skin and its protective coat.

Locally applied corticosteroids are used in combination with tar preparations and antibiotics.

Links

Related Articles

- Allergic contact dermatitis

References

- ŠTORK, George. *Dermatovenereology*. 1. edition. Galen, Karolinum, 2008. ISBN 978-80-7262-371-6.



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