CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

CLINICAL PROFILE OF HAND ECZEMA: CASE PRESENTATIONS FROM NIGERIA

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Hand eczema (HE) is a perfect example of a disease condition wherein prevention is much better than its cure – irrespective of the cause. This prevention is however not easy to achieve because of the ubiquitous nature of the causes of HE. Its negative impact on the quality of life of patients is significant.
Our dermatology clinic is technically a referral centre but serves walk-in patients as well because there is a dearth of dermatologists across the country and we have recorded a prevalence of 13.3% of HE. There are slightly more female than male patients (1.2:1) with HE but this does not seem to be due to a genetic difference in the sexes. The young and middle-aged (mean age 34.6+17.4 years) suffer more from HE than the very young and elderly in our environment and this underscores the importance of prolonged contact with water as a harbinger of chronic HE; as little children and the elderly tend to be helped with daily chores such as clothes and dish washing. Acute presentations are less seen in the clinic than chronic cases and patients clinically have features ranging from pompholyx to hyperkeratotic types of HE which sometimes necessitates a skin biopsy to rule out psoriasis.
Whilst the disease has a multifactorial cause (especially where allergic contact dermatitis is concerned), the atopic state and fungi also play a very crucial role in the aetiology of HE in our environment. European based patch tests are mostly employed with the more implicated allergens being paraphenylenediamine and PTBP, whilst the ROAT is seldom performed. The impact of HE on occupation is difficult to assess as the fear of job losses hamper reporting of the disease by patients. The selected cases will show the various aetiologic types of HE- allergic, irritant, atopic; the role of fungi and clinical patterns of hand eczema as seen in our clinic.
Appropriate management typically includes education of likely and or discovered triggers and their avoidance, use of cotton-lined gloves, oral anti-histamines, topical corticosteroids, calcineurin inhibitors, frequent and recurrent use of moisturizers and humectants. A change in jobs or vocations has been necessary in some patients.