

Dermatitis de contacto irritativa y alérgica



Hospital de la Santa Creu i Sant Pau

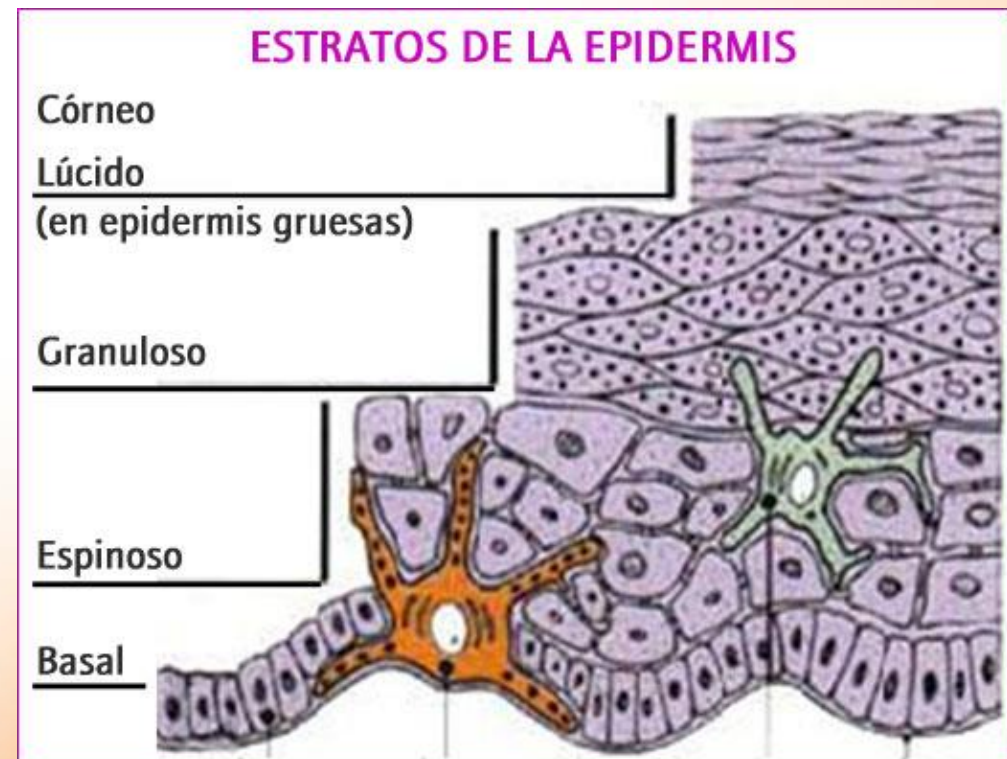
Dr. V. Flores-Climente
Dra. E. Serra-Baldrich
Servicio de dermatología
Hospital de la Santa Creu i Sant Pau
Barcelona

La piel

Epidermis: Epitelio estratificado queratinizado

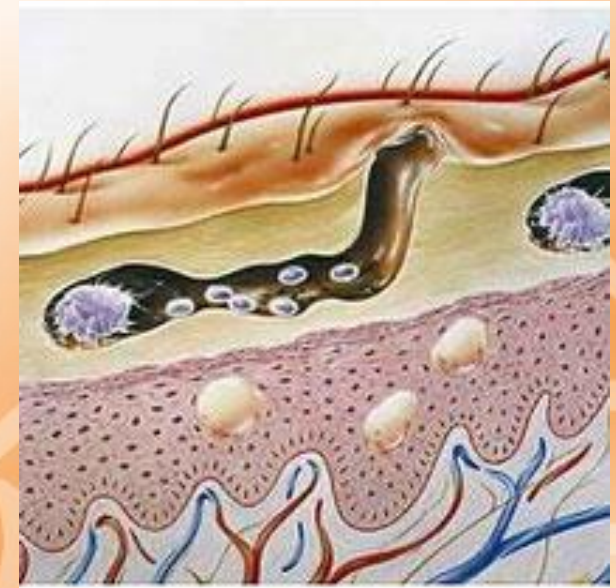
- Córnea
- Lúcido
- Granuloso
- Espinoso
- Basal

Dermis: tejido conectivo subyacente



Funciones piel

- **Protectora**
 - Barrera cutánea (Inmunidad innata)
 - Celular (Inmunidad adaptativa)
- **Regula la temperatura corporal**
- **Metabólica**
- **Sensitiva**
- **Excretora**
- **Secretora**



Eczema



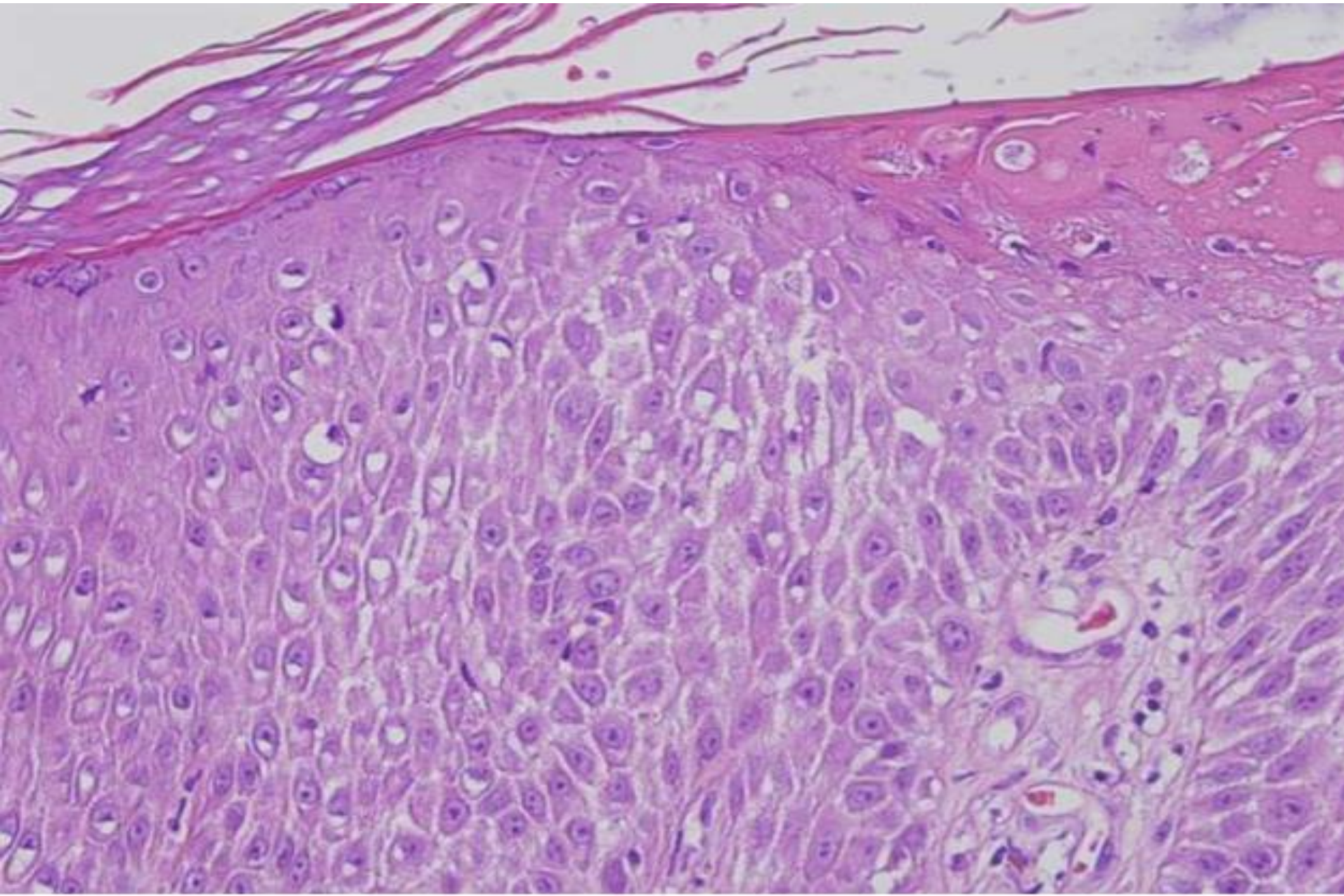
Agudo

- Eritema
- Vesiculación
- Exudación



Crónico

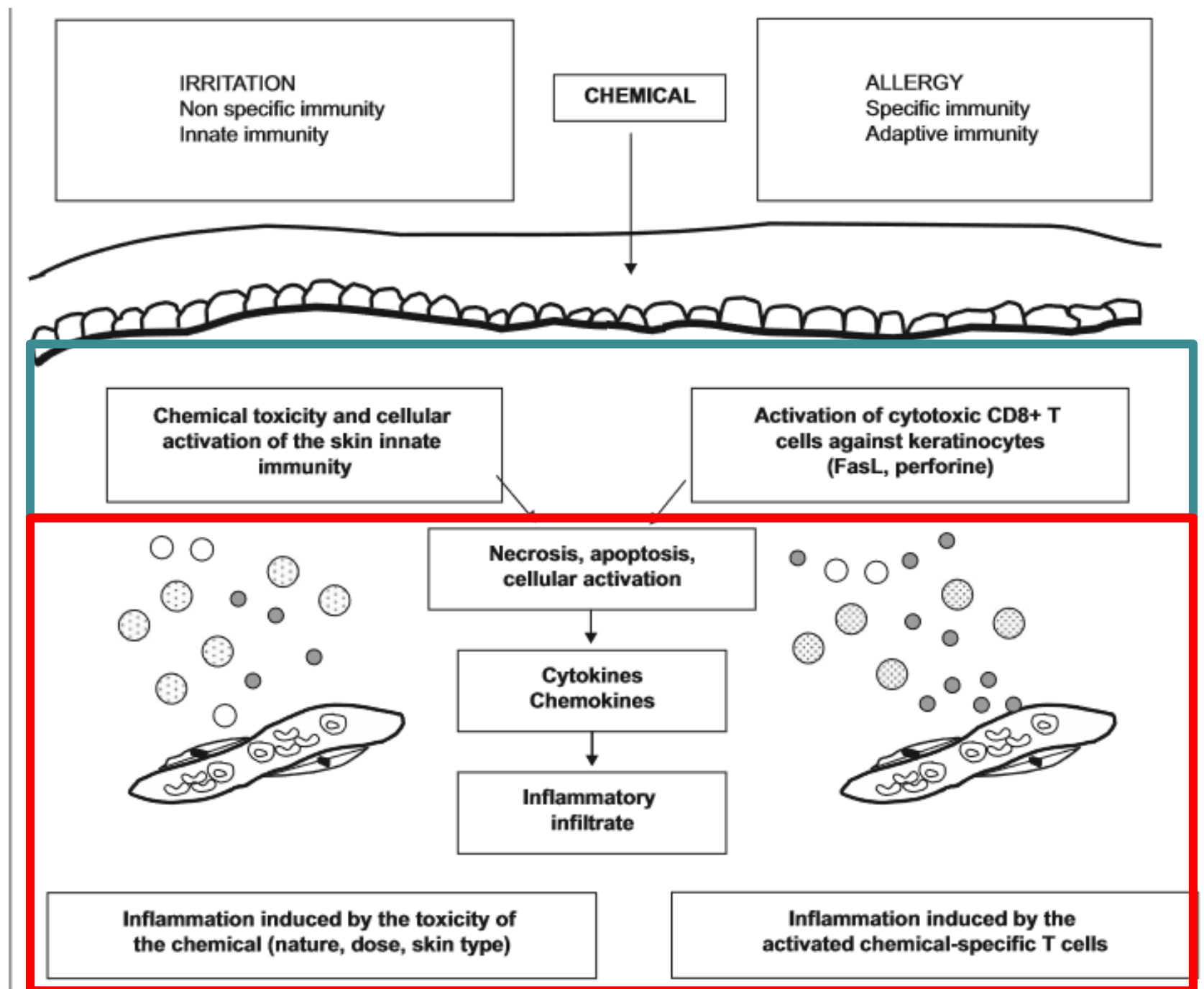
- Xerosis
- Descamación
- Liquenificación



Dermatitis de contacto

- **Irritativa:** Activación sistema immune innato por daño citotóxico de agente químico o físico
- **Alérgica:** Reacción immune de hipersensibilidad retardada (IV) mediada por células T hapteno-específicas
- **No exposición previa al irritante**
- **Reacción similar en otros individuos**





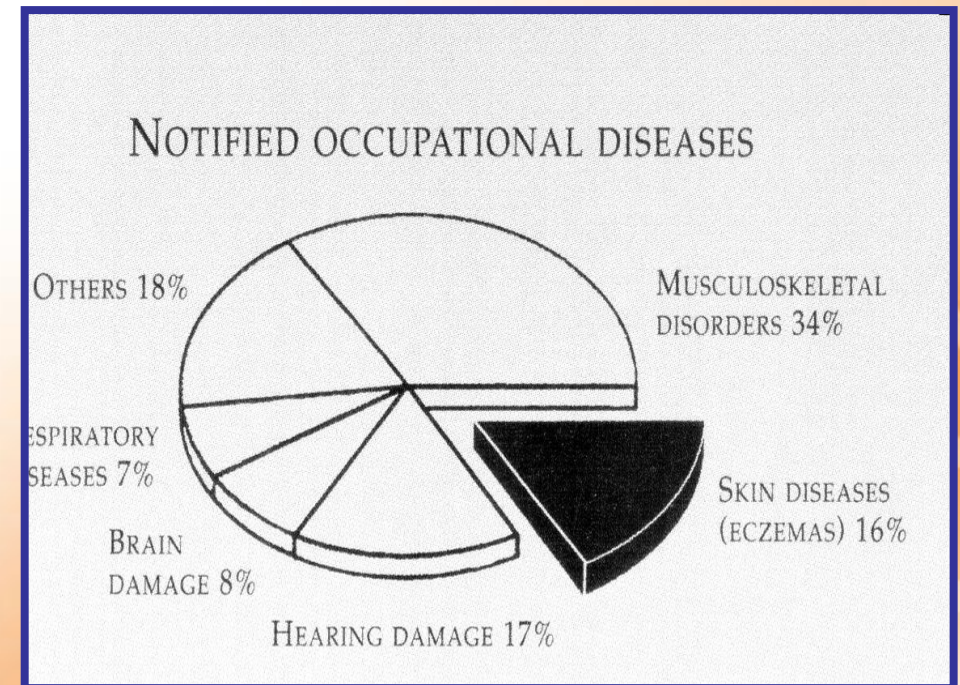
Irritant contact dermatitis

Table 3 Clinical differences between ICD and ACD.

	ICD	ACD
Morphology	Acute ICD includes erythema and edema and sometimes vesicles or bullae, oozing and pustules; necrosis and ulceration may also be <u>seen with corrosive materials</u>. ICD is mostly characterized by dryness, roughness, glazed, or scalded appearance of the skin. Chronic ICD may have hyperkeratosis, desquamation, lichenification, and fissuring. Lesions are characteristically <u>sharply circumscribed to the contact area</u>. Usually there is absence of distant lesions, but dermatitis may sometimes be generalized depending on the nature of the exposure.	Pustules, necrosis, or ulceration are rarely seen. ACD is mostly characterized by edema, vesicles and oozing; however, these features are usually not present in subacute or chronic ACD. Chronic ACD may display hyperkeratosis, desquamation, lichenification, and fissuring. Clinical lesions are stronger in the contact area, but their <u>limits are usually ill defined</u>. Dissemination of the dermatitis with <u>distant lesions</u> may occur.
Symptoms	Symptoms of acute ICD are <u>burning, stinging, prickling, pain, and soreness of the skin</u> (pruritus may be present).	<u>Pruritus</u> is the main symptom of ACD.
Clinical course	Acute ICD may appear <u>after first exposure</u> (at least with strong irritants). In acute ICD, lesions appear rapidly, usually minutes to few hours after exposure, but delayed reactions can be seen. Irritant reactions are characterized by the "decrecendo phenomenon". The reaction reaches its peak quickly, and then starts to heal.	Sensitizing exposure(s) is required. Clinical lesions appear after subsequent challenges with re-presentation of the antigen to already primed (memory) T-cells. Lesions usually appear <u>24–72 h</u> after the last exposure to the causative agent, but they may develop as early as 5 h or as late as seven days after exposure. Allergic reactions are characterized by the "crescendo phenomenon", and the kinetics of resolution may be slower

Eczema irritativo

- Por daño citotóxico directo tras irritante → disrupción e inflamación
- 70-80% de los casos de dermatitis de contacto (importancia ocupacional)
- Manos 70% Cabeza 10%



Eczema irritativo

- **Polimorfa:** eritema, descamación, edema, vesiculación, liquenificación, xerosis. Casos severos **necrosis y ulceración**
- Apariencia similar a ICA (aún diferente patogénesis)
- Multifactorial (irritante, host, ambiental factors)



Factores influyentes DC Irritativa

Tipo de piel

Tipo de trabajo

¿Género?

Factores genéticos



Factores influyentes DC Irritativa

pH (ácidos y álcalis fuertes)

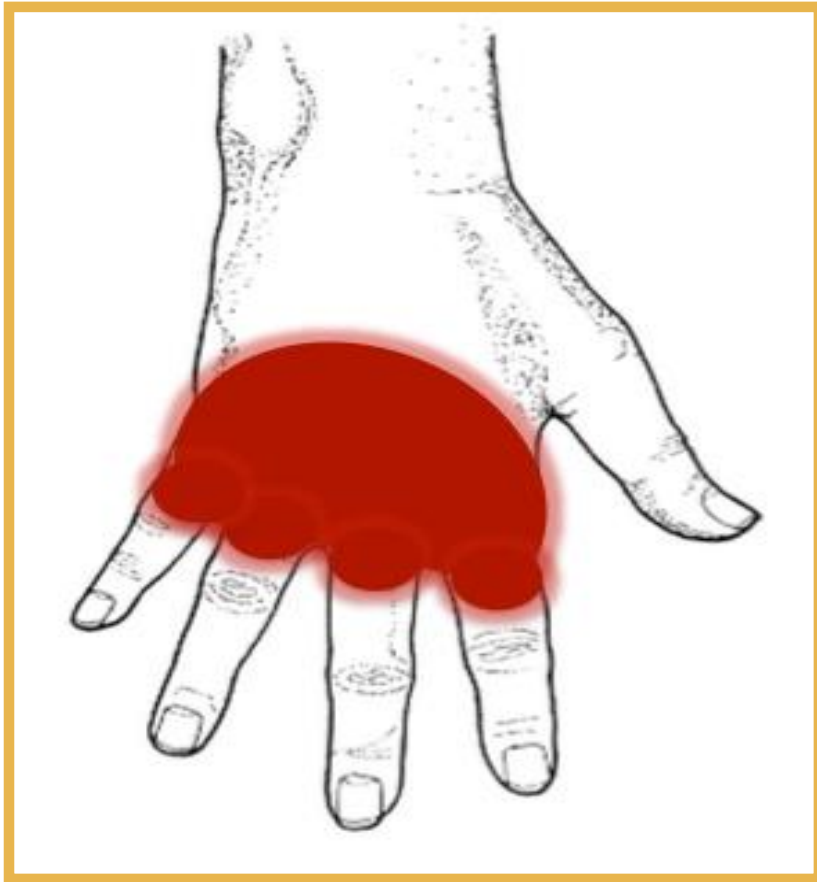
Concentración

Baja humedad

Duración del contacto



Dermatitis de contacto de manos



Patrón delantal

Iniciado en espacios interdigitales con extensión a cara dorsal y ventral

IRRITATIVO

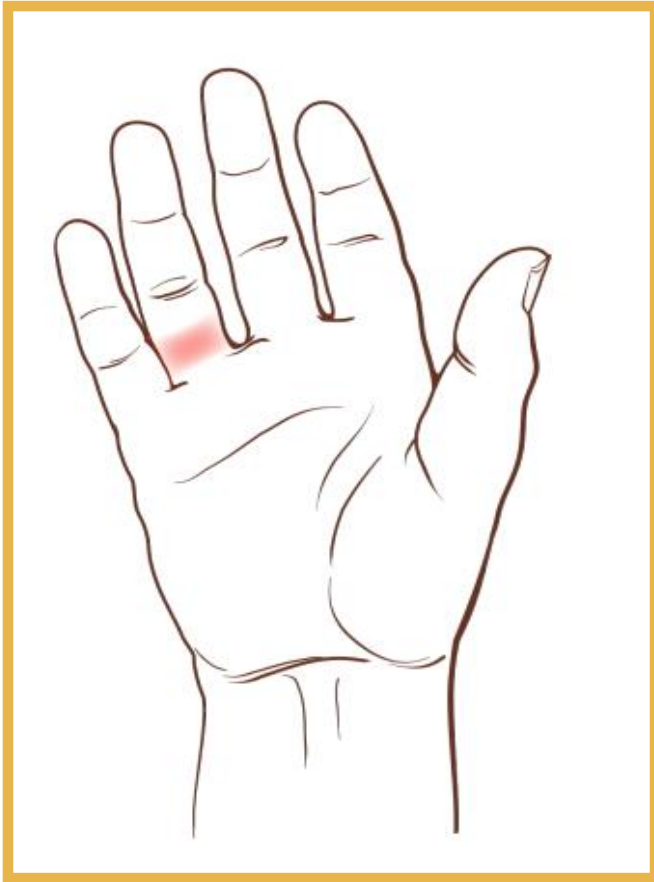








Dermatitis de contacto de manos



Patrón anillo

Rara vez alérgico:

- Metales, fragancias

IRRITATIVO





Dermatitis de contacto de manos

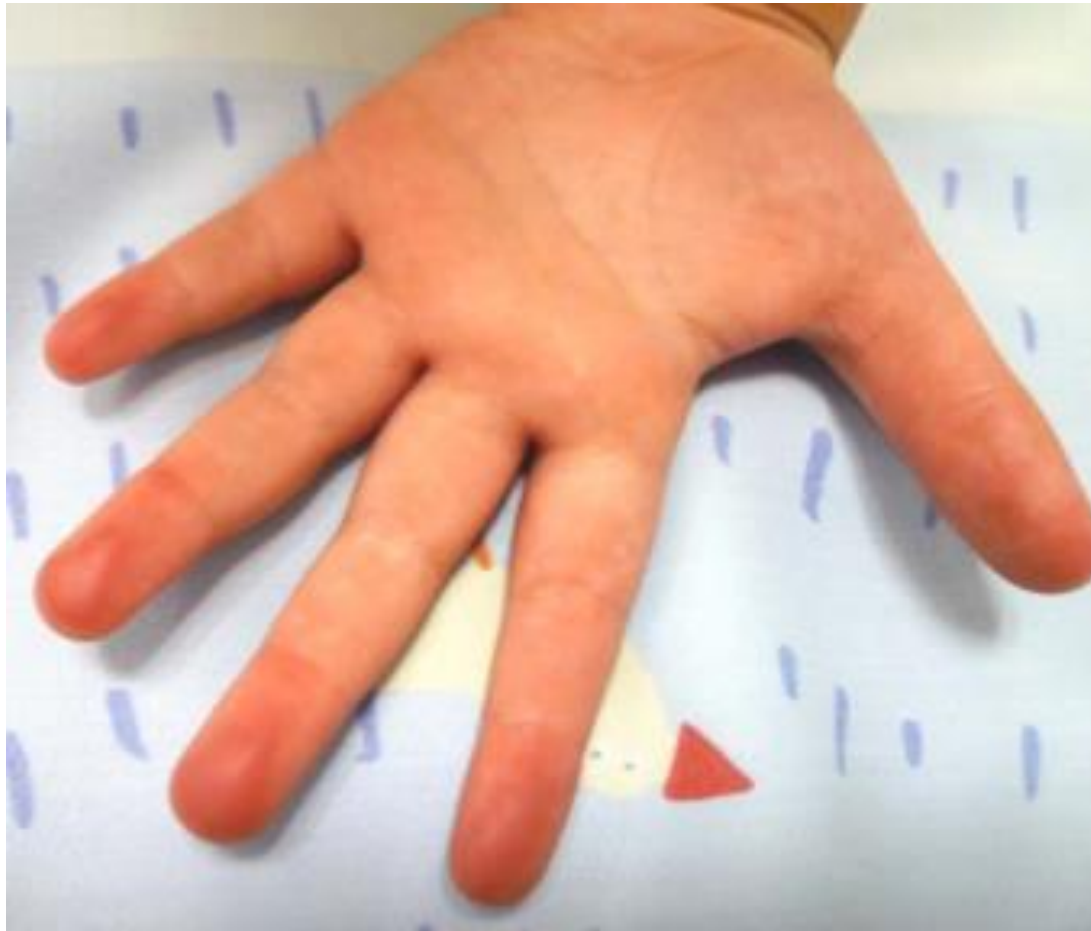
Guidelines for diagnosis, prevention and treatment of hand eczema – short version

- ▶ We recommend diagnostic patch tests be performed in all patients with HE with a duration of more than three months and/or relapse, to identify the role of contact allergens in the environment. *Strong consensus-based recommendation (Grade A).*



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IMAGES IN PAEDIATRICS

Pool palms

Alejandro Novoa, Sandra Klear

Pediatric Department, Policlinica Comarcal del Vendrell, Tarragona, Spain

Diaper rash: what else besides irritant contact dermatitis?

Vânia Oliveira Carvalho, Renata Robl, Marjorie Uber, Kerstin Taniguchi Abagge, Leide Parolin Marinoni, Juliana Gomes Loyola Presa





Dermatitis plantar juvenil





Managing severe dermatitis caused by ileal peristomal leakage using a mushroom-type (de Pezzer) catheter in infants: a case series.

Banani SA¹, Banani SJ².

Review

Peristomal skin complications: what dermatologists need to know

Dalal Almutairi^{1,2}, MD, Kimberly LeBlanc^{3,4}, MN, RN CETN (C) PhD (c), and Afsaneh Alavi^{1,2}, MD, MSc, FRCPC

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Tratamiento



No definido (faltan estudios con n grande)

- **Evitar/proteger/sustituir el irritante**
- CTCs tópicos (↓ inflamación, puede comprometer fx. barrera)
- CTCs orales (no crónico)
- UVBb/PUVA formas crónicas
- Formas muy queratósicas: retinoides (acitretina, alitretinoína), inmunosupresores.

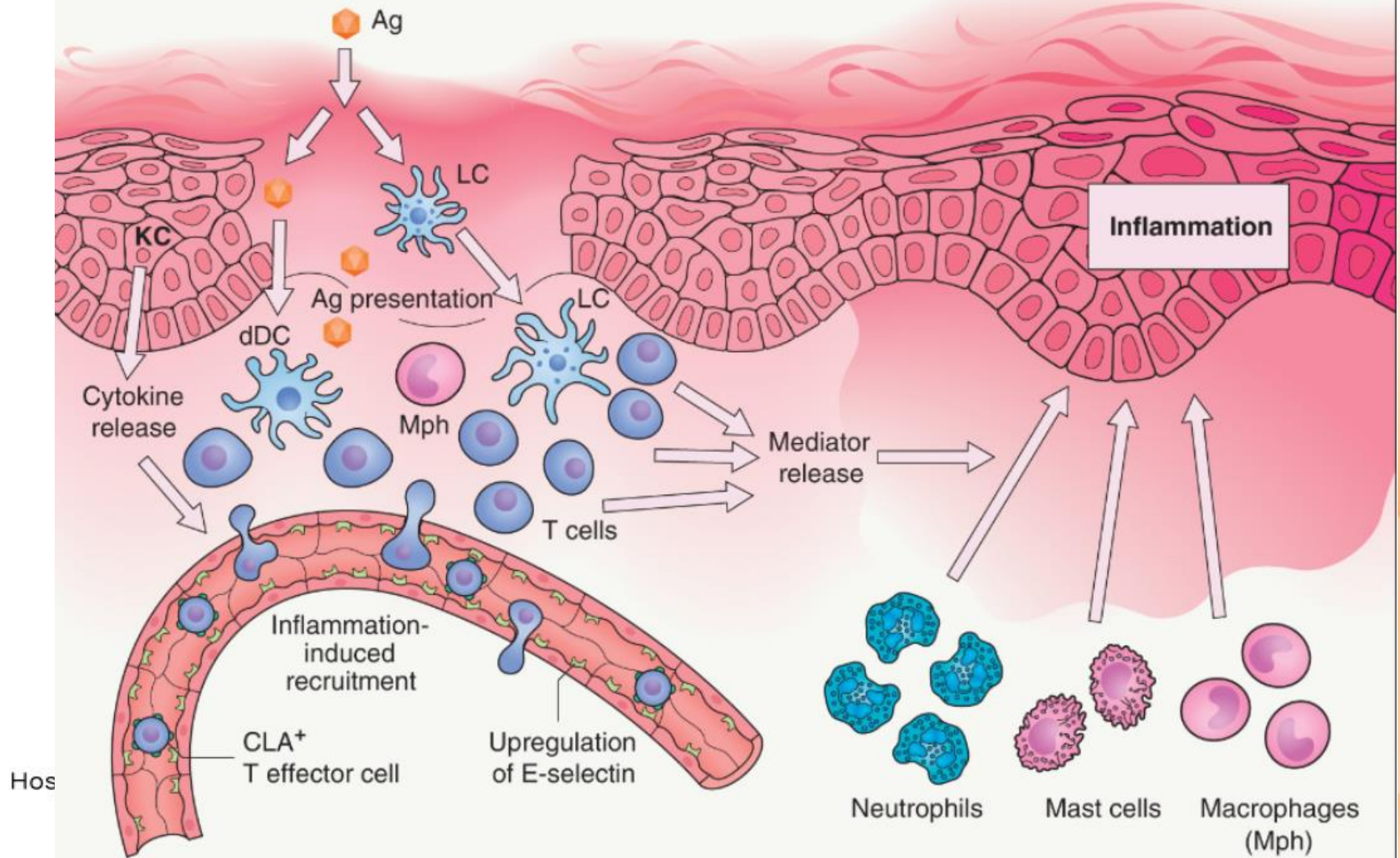


Eczema alérgico

- Placa eritematosa bien definida, vesiculosa y/o descamativa en la zona de contacto
- Hipersensibilidad IV (Sens. previa)
- A todas las edades
- Possible coexistencia con DCI y eczema endógeno
- **Patch test** es gold standard



ELICITATION OF CONTACT HYPERSENSITIVITY

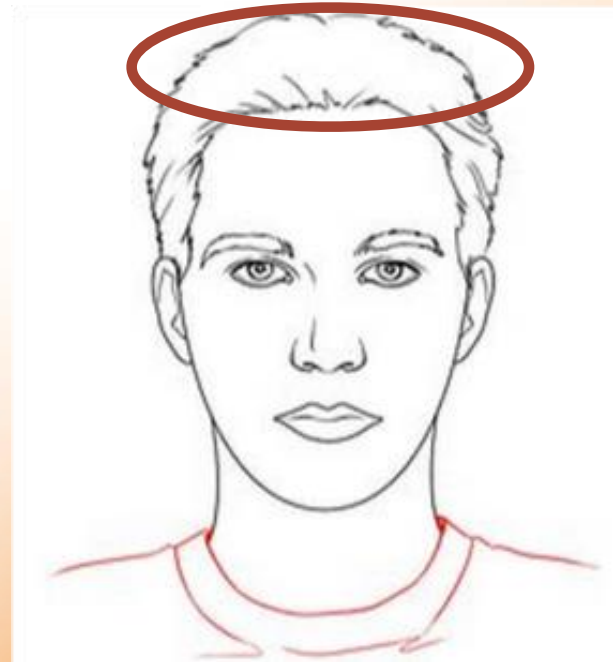


Cuero cabelludo

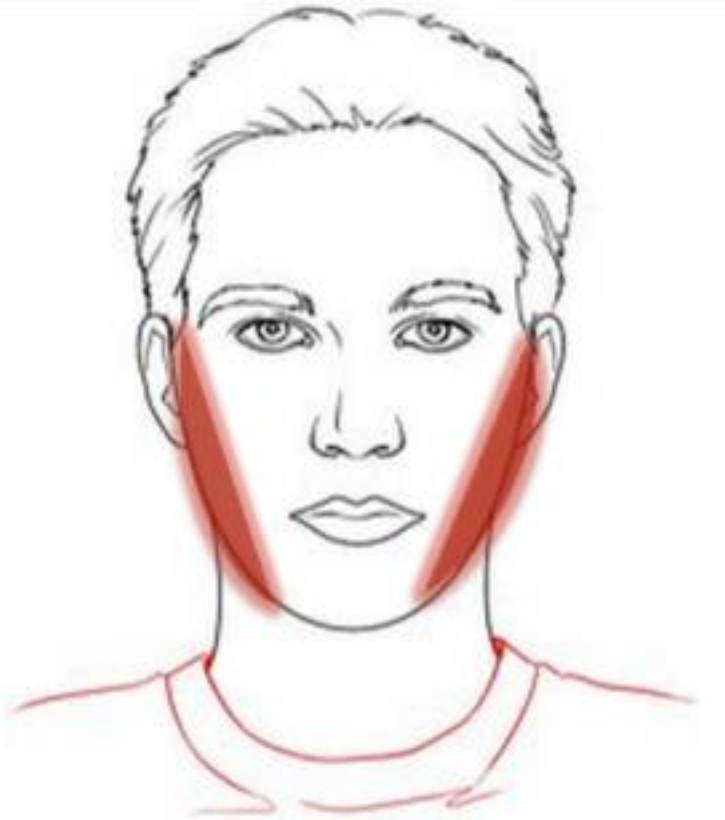
- > grosor epidermis
- Abundancia gl pilo-sebáceas
- Ausencia de pliegues y arrugas

DCA del cuero cabelludo es poco frecuente aún cuando se aplique un alérgeno potente

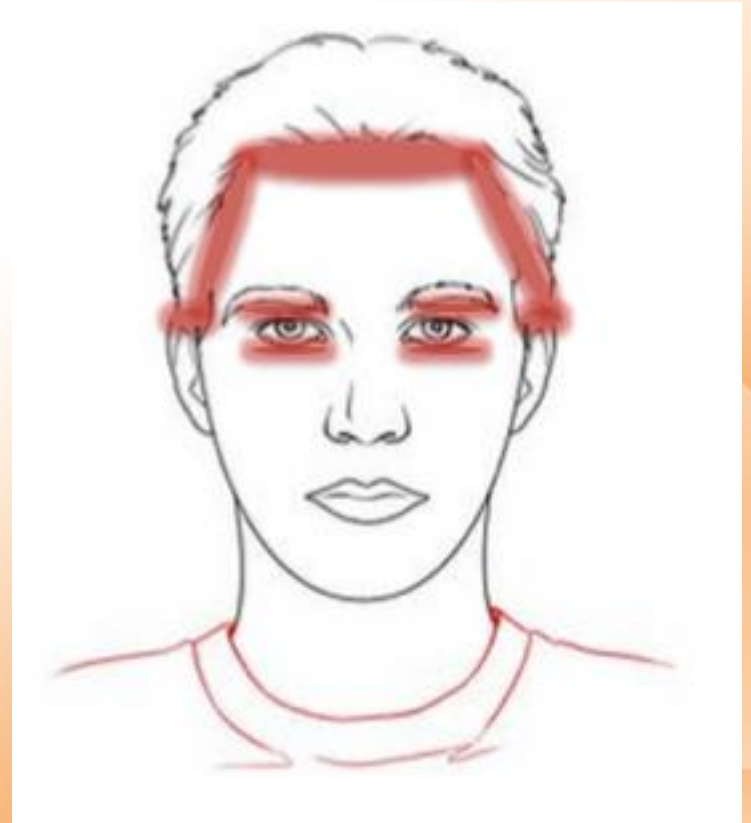
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Cuero cabelludo



Hospita









Cuero cabelludo

Patch test results in patients with scalp dermatitis: analysis of data of the Information Network of Departments of Dermatology*

*Contact Dermatitis 2007; 56: 87–93
Printed in Singapore. All rights reserved*

- Tintes→PPD
- Shampoos y acondicionadores
- Medicamentos
- Adhesivos de pelucas
- objetos





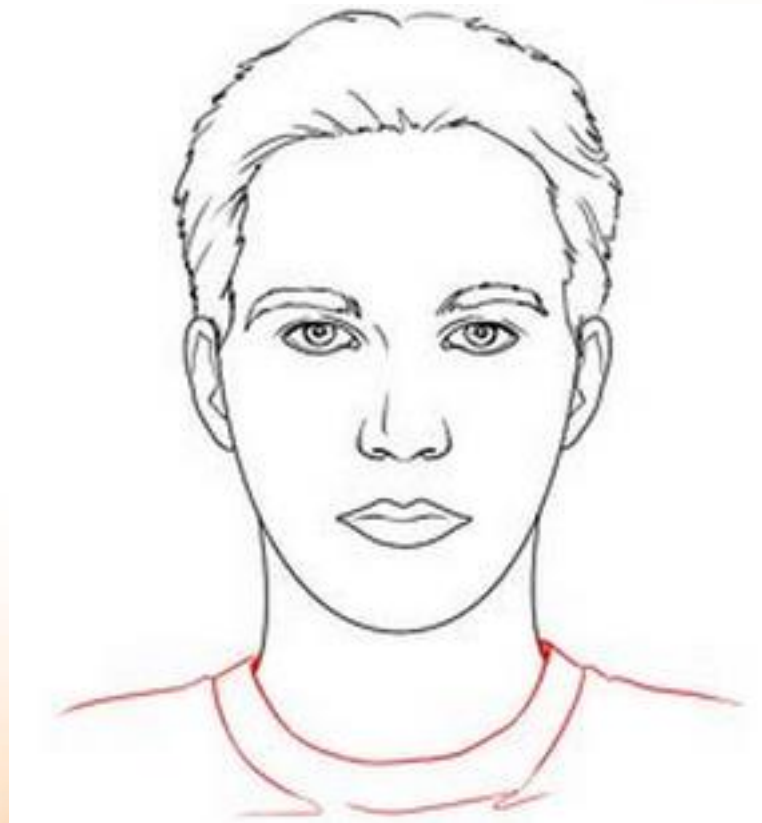
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Dermatitis de Contacto por PPD

Eczema de contacto facial

Formas de aplicación alérgenos

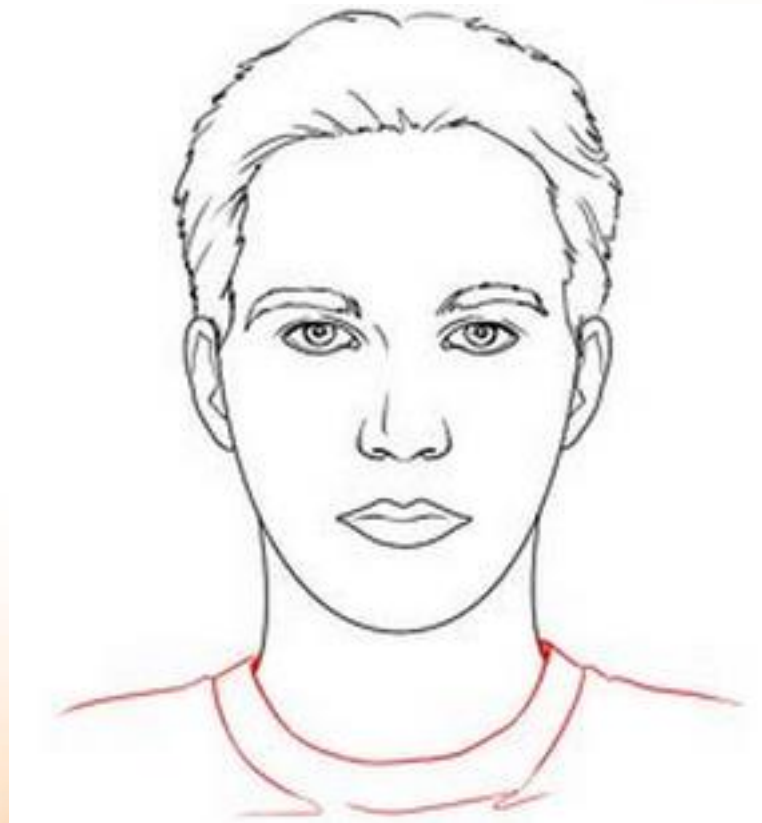
- Directamente
- Indirectamente
- Aerotransportado



Eczema de contacto facial

Directamente:

- Cosméticos
- Objetos



Eczema de contacto facial

Directamente:

- Cosméticos
- Objetos

Actas Dermosifiliogr. 2009;100:53-60

ORIGINALES

Dermatitis alérgica de contacto por cosméticos

C. Laguna, J. de la Cuadra, B. Martín-González, V. Zaragoza, L. Martínez-Casimiro y V. Alegre
Servicio de Dermatología. Hospital General Universitario de Valencia. Valencia. España.

- PRODUCTOS DE HIGIENE E HIDRATACIÓN CUTÁNEA
- MAQUILLAJE

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Kathon

Dermatitis. 2013 Jan-Feb;24(1):2-6. doi: 10.1097/DER.0b013e31827edc73.

Methylisothiazolinone.

Castaneda-Tardana MP¹, Zug KA.

⊕ Author information

Abstract

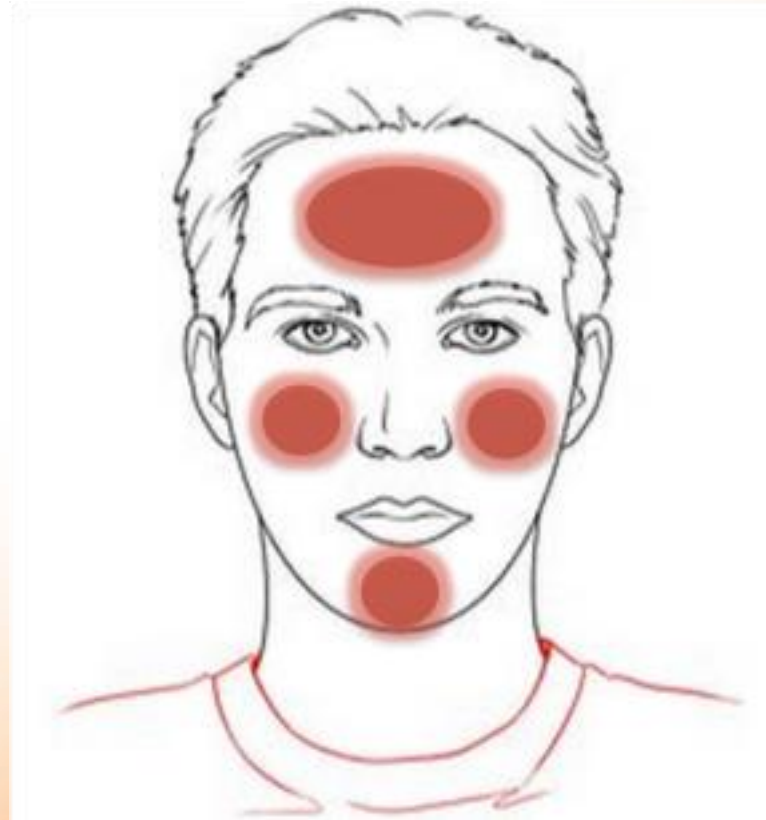
The preservative methylisothiazolinone (MI) is the American Contact Dermatitis Society Contact Allergen of the Year for 2013. Because the use of MI in cosmetics and toiletries in the United States rises, MI exposure also rises. Although it might seem likely that testing with methylchloroisothiazolinone (MCI)/MI would be adequate to pick up contact allergy to MI alone, the mix misses approximately 40% of allergy to MI, likely because of the low concentration of MI in the MCI/MI combination patch test. In Europe, several groups have documented frequency of allergy to this preservative of approximately 1.5%. The frequency of allergy to this preservative in the United States is unknown. If you are not testing for allergy to this preservative, you may be overlooking the importance of a very relevant preservative allergen that, to date, has managed to stay under the radar in the United States. This report reviews the background and reasons for adding MI to our routine screening patch testing series.

ALERGÉNO DEL AÑO 2013

Eczema de contacto facial

Directamente:

- Cosméticos
- Objetos











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KATHON+++



ROAT test ++

ama

hidratador
natural
piel muy seca

BODY MILK ROSA MOSQUETA

INGREDIENTES/INGREDIENTS:

Aqua, Paraffinum liquidum, Cetyl alcohol, Glyceryl stearate, Glycerin, Ceteareth-12, Ceteareth-20, Cocoglycerides, Titanium dioxide, Parfum, Sodium polyacrylate, Ethylhexyl stearate, Trideceth-6, Rosa moschata oil, Methylchloroisothiazolinone, Methylisothiazolinone, Hexyl cinnamal, Citronellol, Geraniol, Benzyl salicylate, Alpha-Isomethyl ionone, Linalool, Butylphenyl methylpropional.

500ml e

16,9 fl. Oz.


Romar



Hospital





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Kathon +++



Eczema de contacto facial



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DAC por Níquel y Cromo en teléfonos

Eczema de contacto facial

Directamente:

- Cosméticos
- Objetos



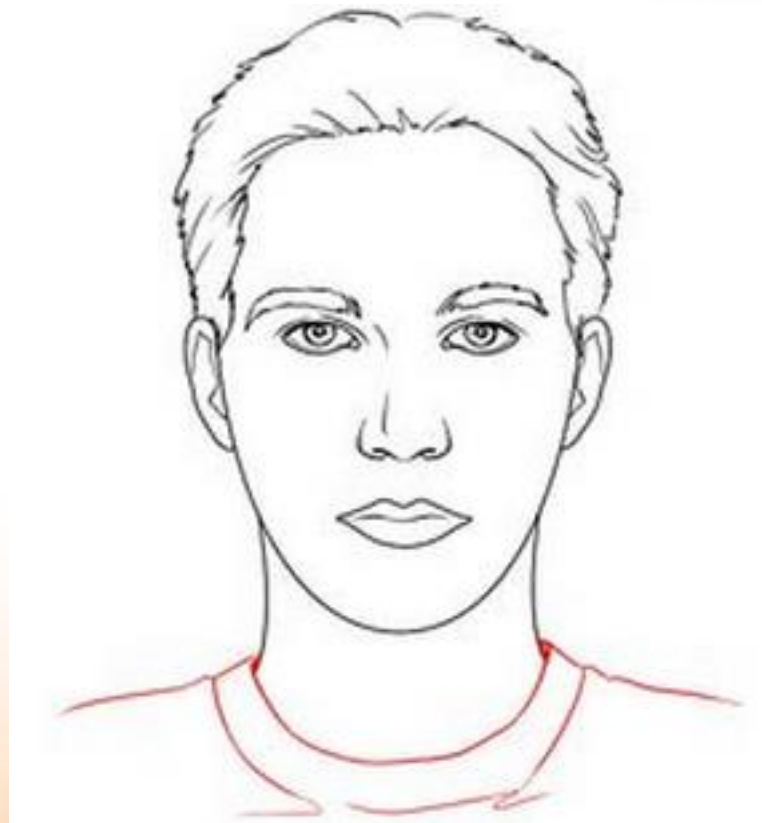
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DAC por Niquel en gafas

Eczema de contacto facial

Formas de aplicación Alergénos

- Directamente
- **Indirectamente**
- Aerotransportado



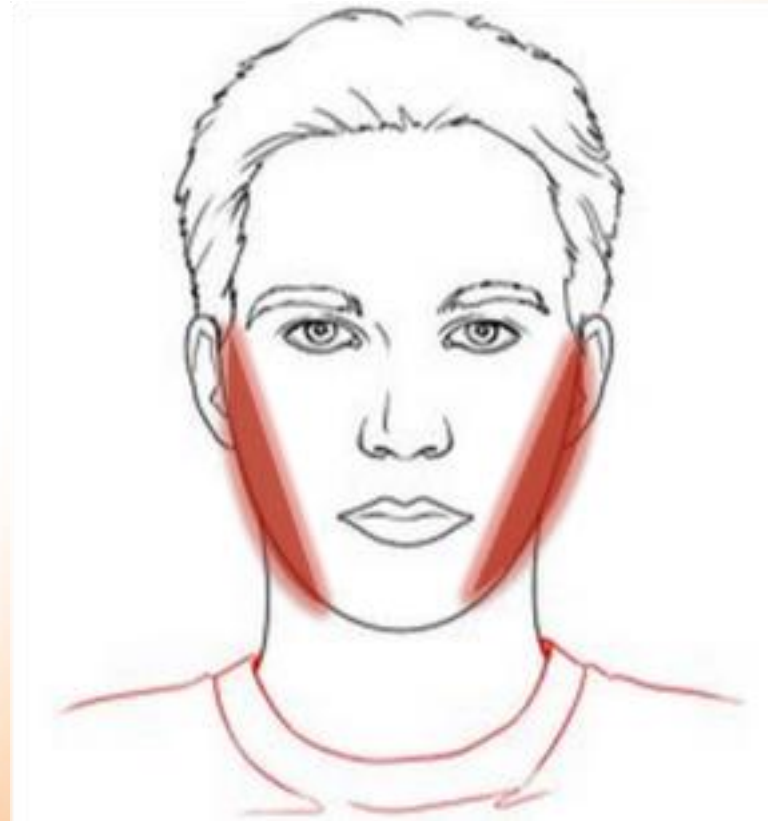
Eczema de contacto facial

Indirectamente:

- cosméticos: Capilares

Patrón wash off

**Perifería de la cara
Región preauricular
submentoniana
mandibular**



Eczema de contacto facial

Formas de aplicación Alergénos

- Directamente
- Indirectamente
- **Aerotransportado**

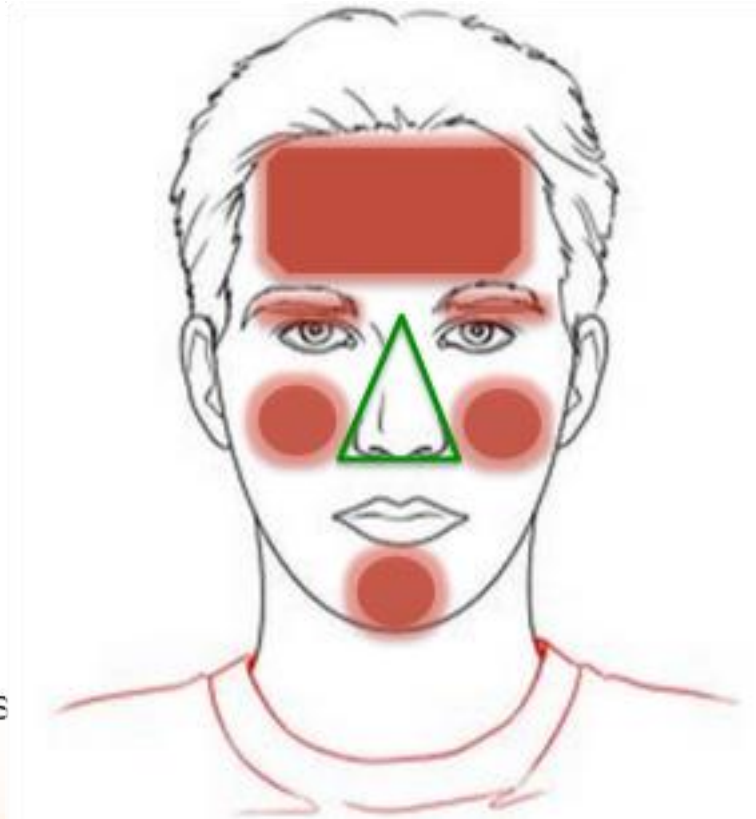


Eczema de contacto facial

Dermatitis. 2014 Mar-Apr;25(2):97-8. doi: 10.1097/DER.0b013e3182a8ada3.

The beak sign: a clinical clue to airborne contact dermatitis.

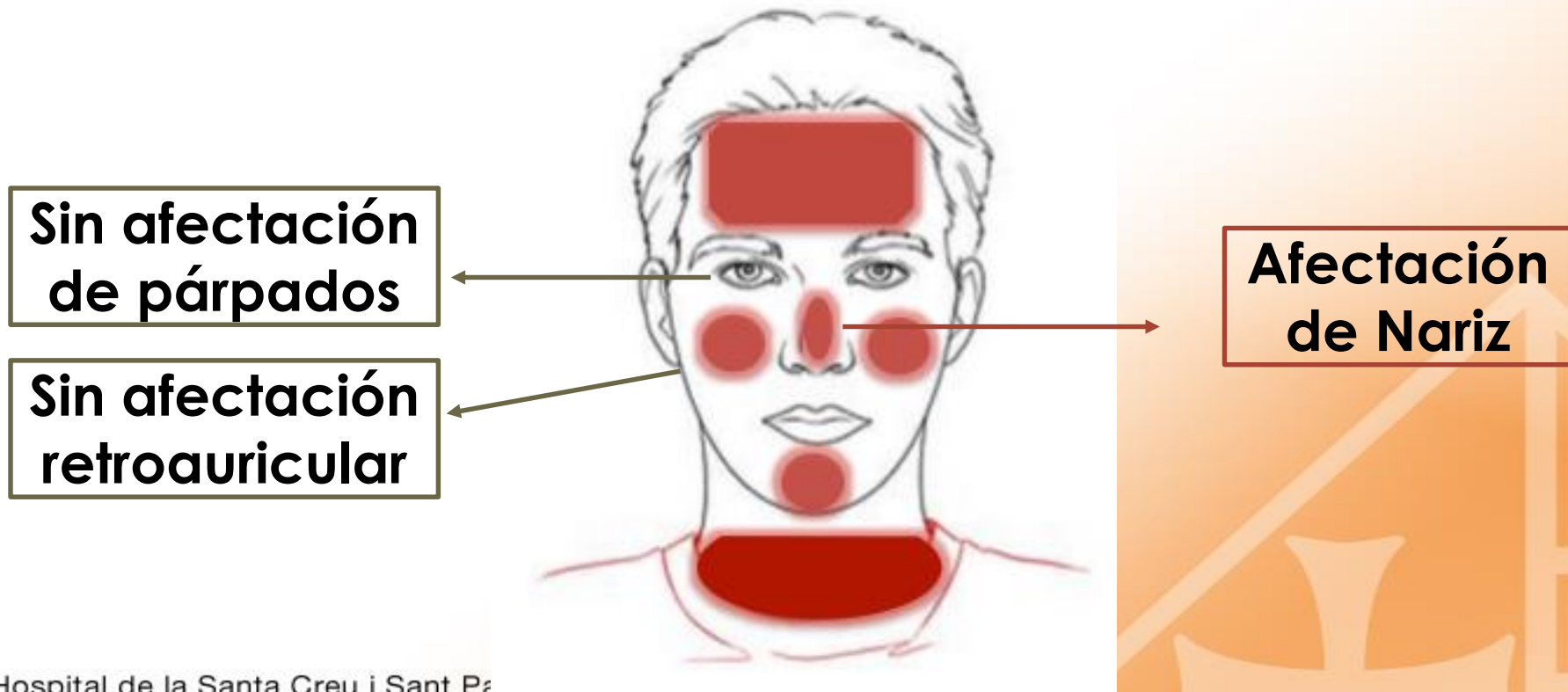
Staser K¹, Ezra N, Sheehan MP, Mousdicas N.



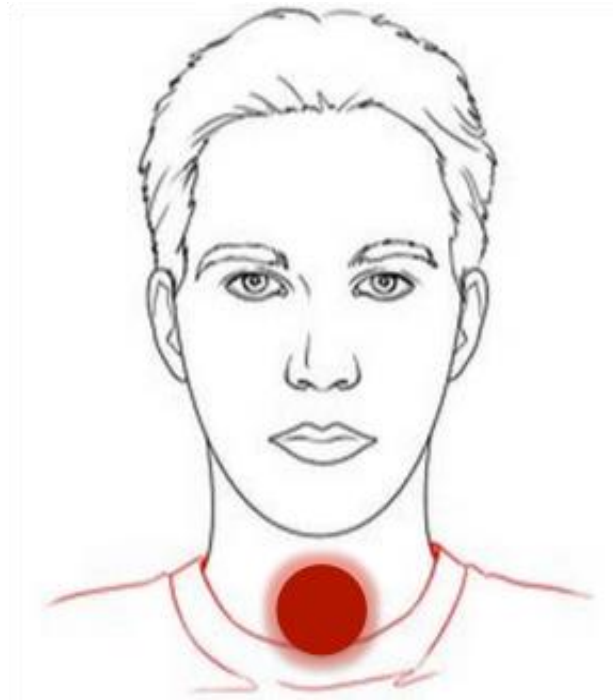


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Eczema de contacto fotoalérgica

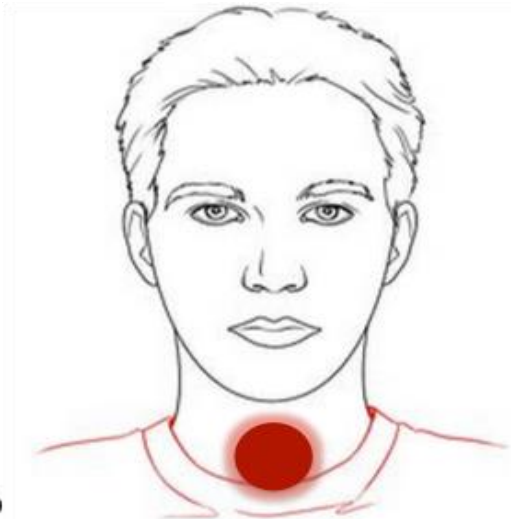


Eczema de contacto de cuello



A Diagnostic Pearl in Allergic Contact Dermatitis to Fragrances: The Atomizer Sign

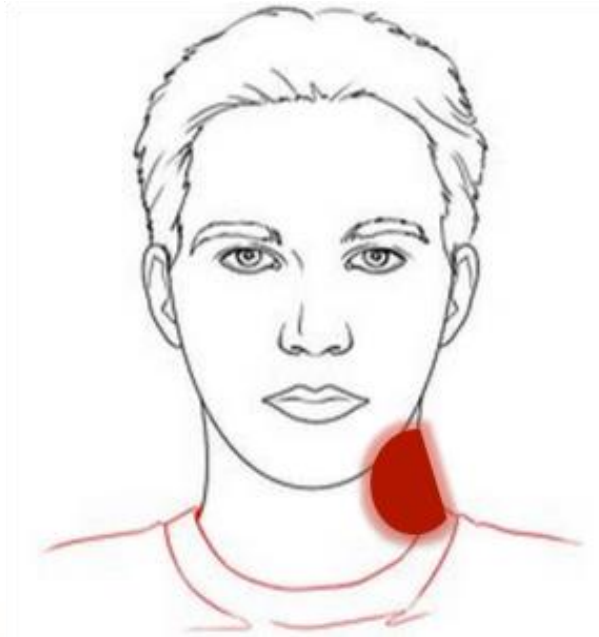
Sharon E. Jacob, MD; Mari Paz Castanedo-Tarden, MD



Atomizer sign



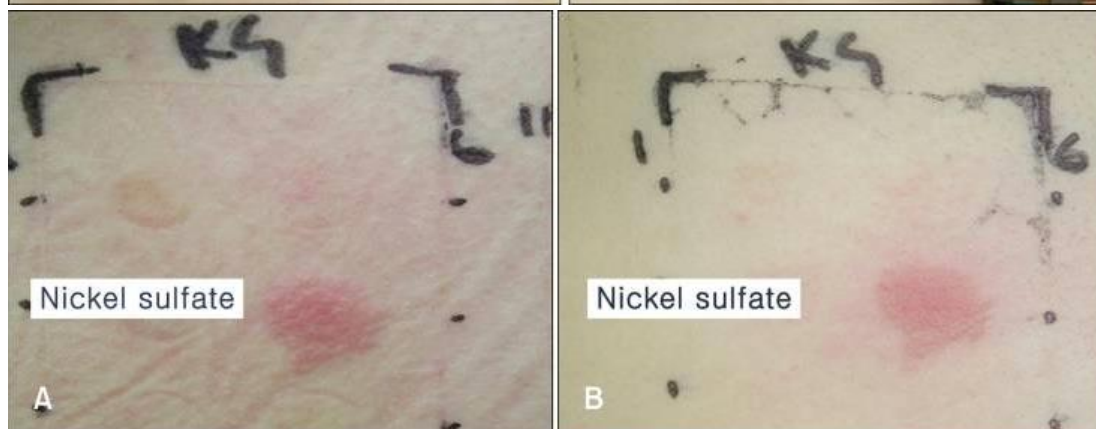
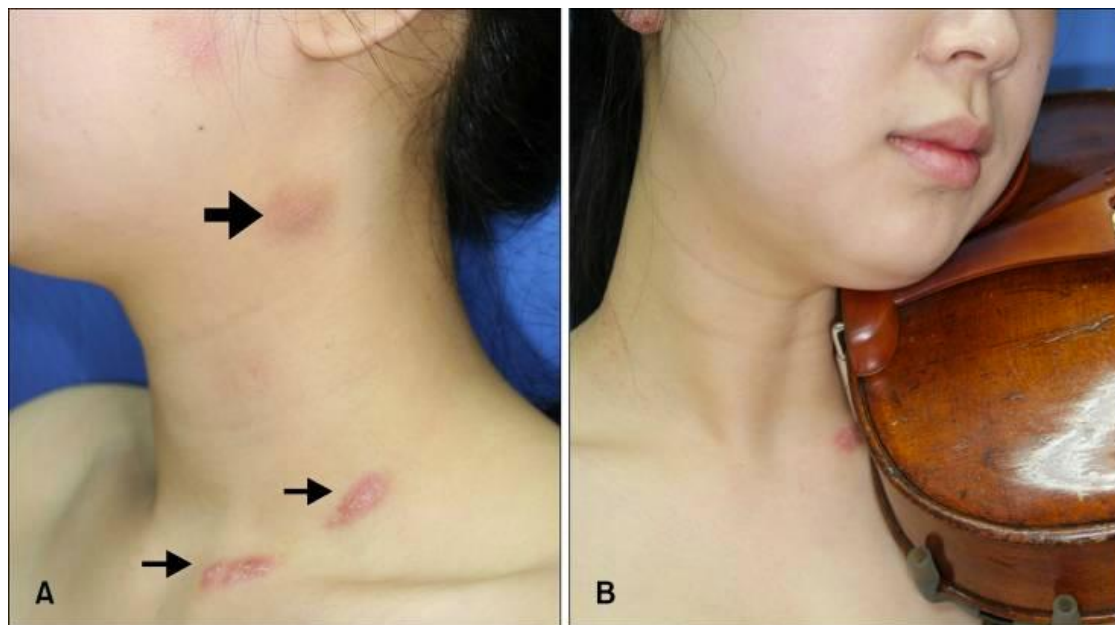
Eczema de contacto de cuello



Fiddlers neck

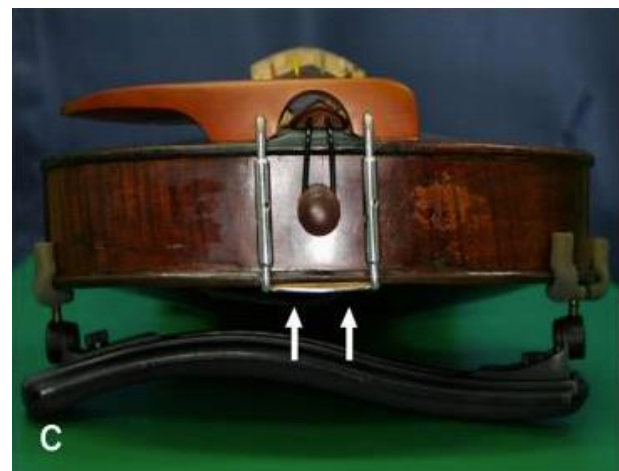
Fiddler's Neck Accompanied by Allergic Contact Dermatitis to Nickel in a Viola Player.

Jue MS¹, Kim YS, Ro YS.



48 hrs

96 hrs



Test dimetilglioxima



DCA a níquel en collar

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Dermatitis de contacto de manos



Patrón en pinza

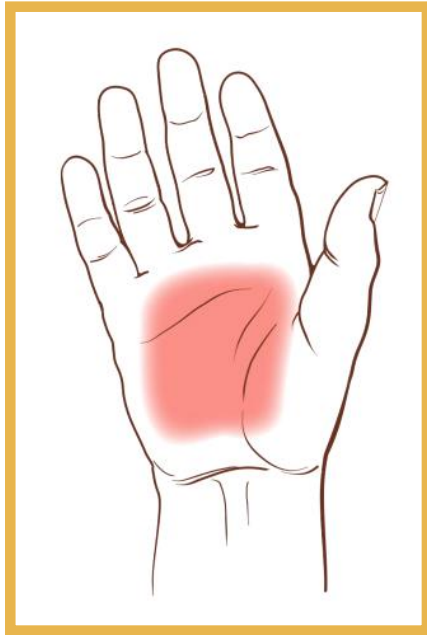
Considerar origen ocupacional

- Tintes capilares (peluquería)
- Acrilatos (dentistas)
- Plantas (floristas)
- Ajo (cocineros)

DD:

Eccema irritativo friccional

Dermatitis de contacto de manos



Considerar

- Móviles
- Ratón ordenador
- Barandillas
- Palanca cambios etc.

DD:
Psoriasis, Dishidrosis

Patrón agarre palmar

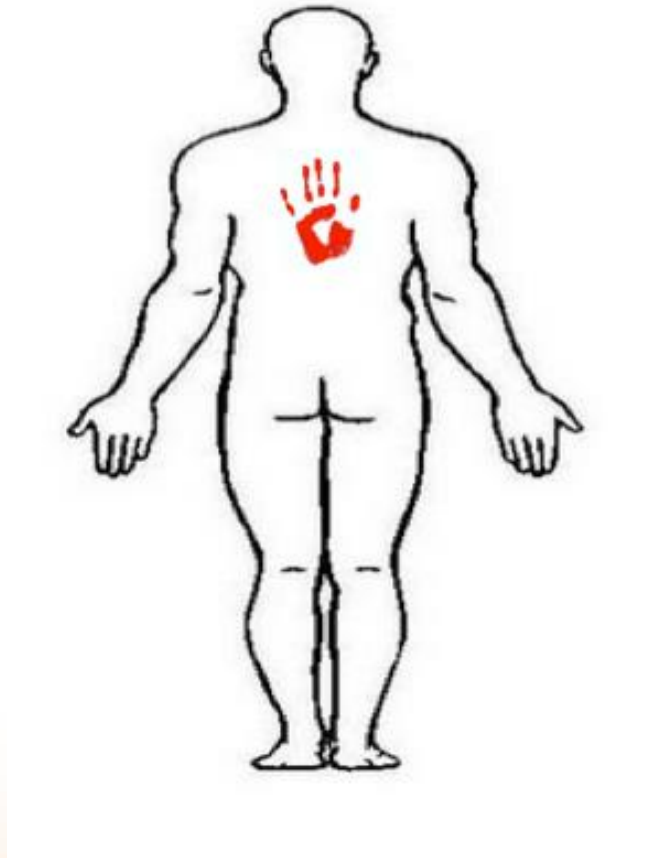
DAC:
Afectación dorso y
Muñecas





Prueba parche positiva 96 hrs Metilisotiazolinona

Patrón geométrico



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Patrón geométrico

Consort allergic dermatitis to cosmetic agents in a 10-year-old young girl

Contact Dermatitis 2007; 57: 56–57

M. Sfia, M. A. Dhaoui and N. Doss

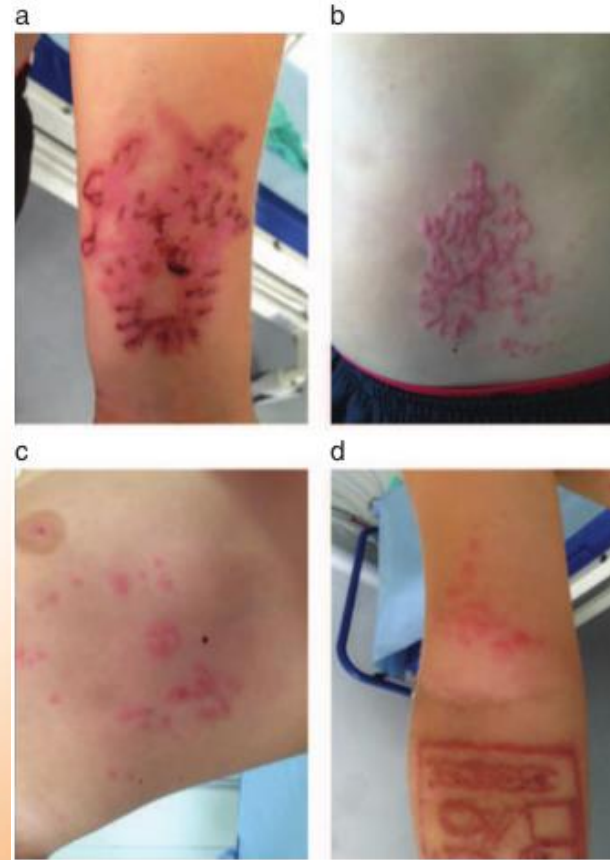
Department of Dermatology, Military Hospital of Tunis, Tunis, Tunisia



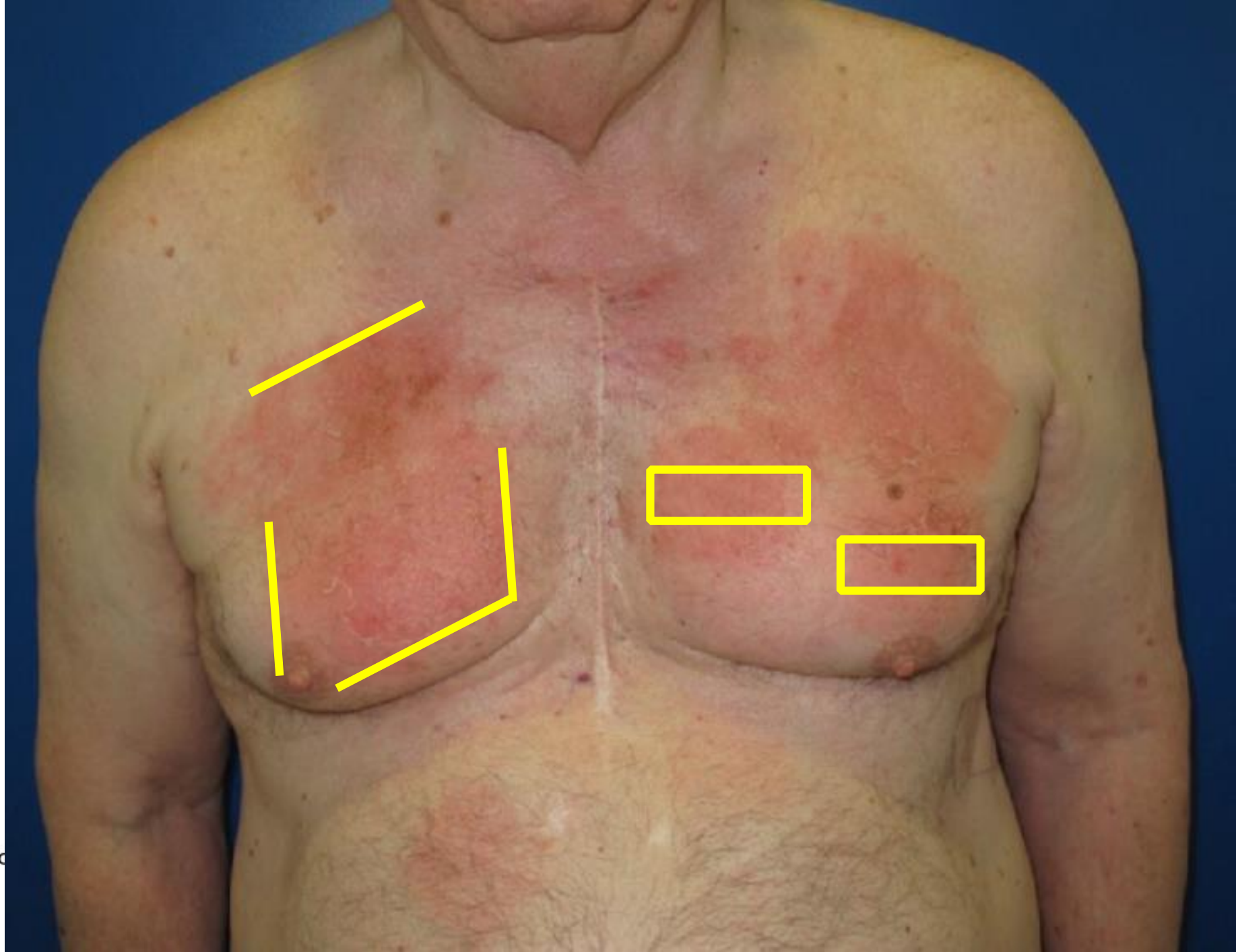
'Sign of the kiss' from black henna tattoos

Majken H. Foss-Skiftesvik, Jeanne D. Johansen and Jacob P. Thyssen

Department of Dermato-Allergy, The National Allergy Research Centre, Copenhagen University Hospital Gentofte, 2900 Hellerup, Denmark







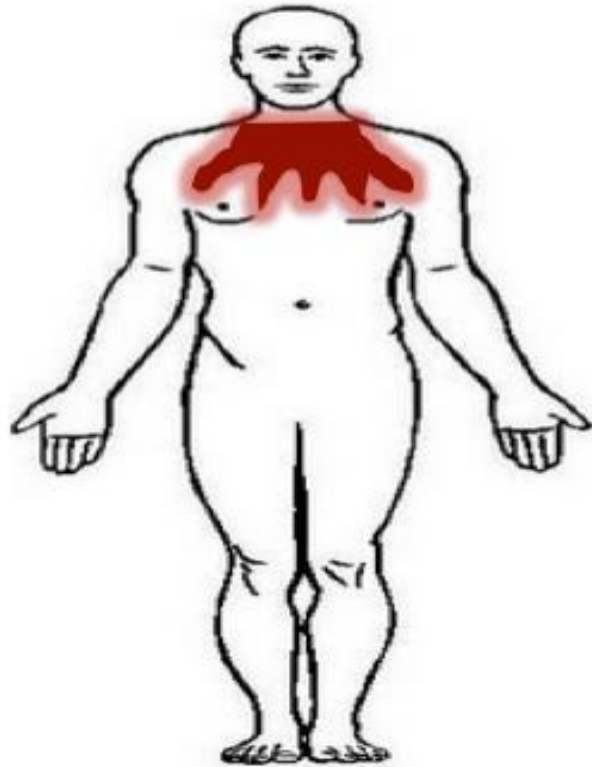




Hospi

Positividad para acrilatos +++

Patrón en goteo

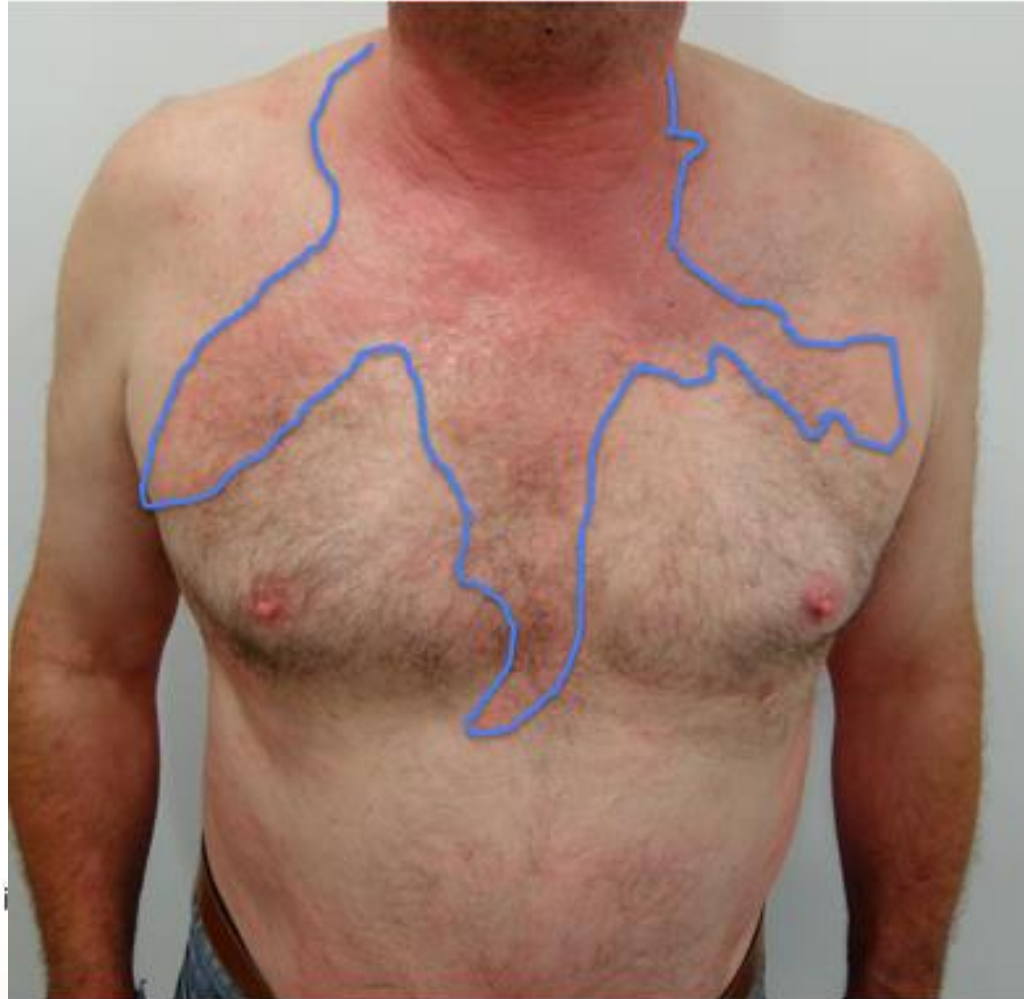


Patrón en goteo



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Patrón en goteo



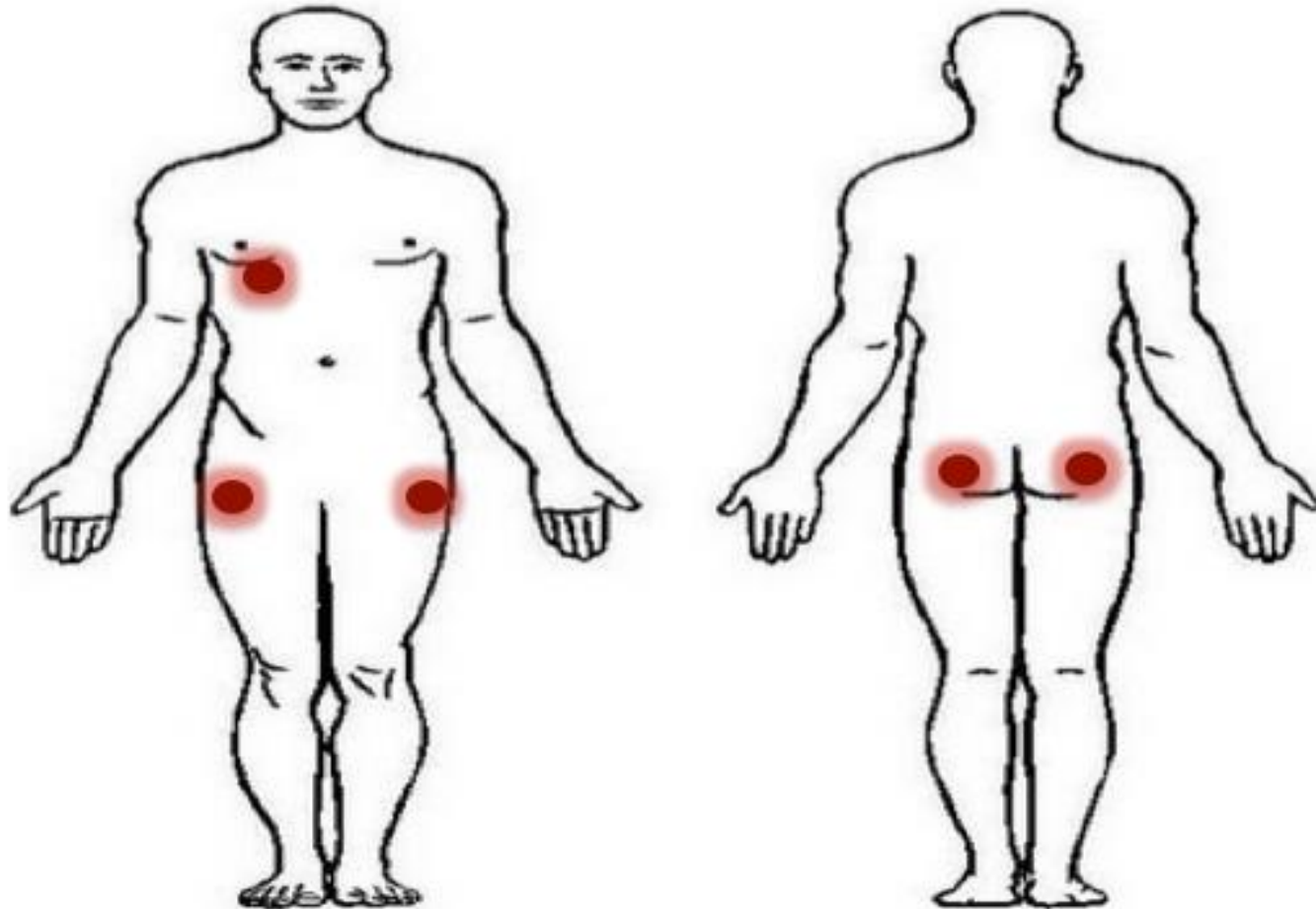
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Patrón en bolsillo



Patrón en bolsillo



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Patrón en bolsillo



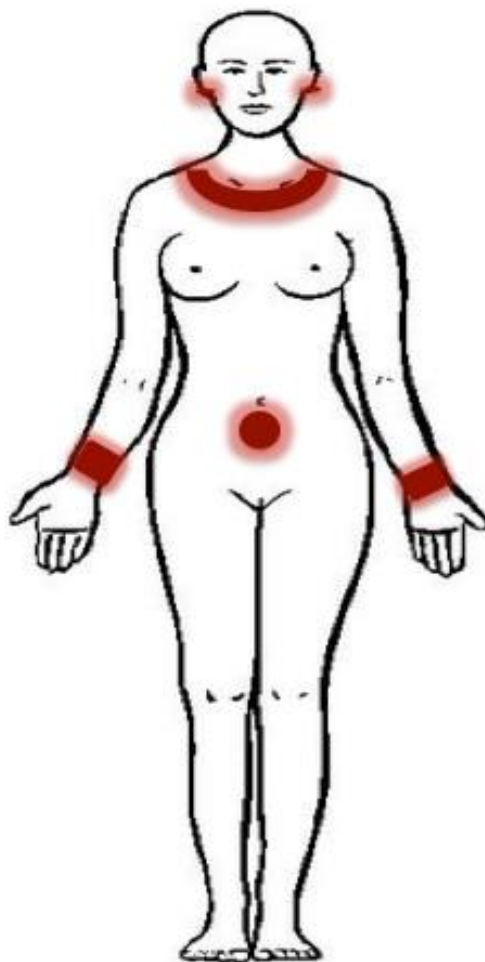
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Patrón en bolsillo



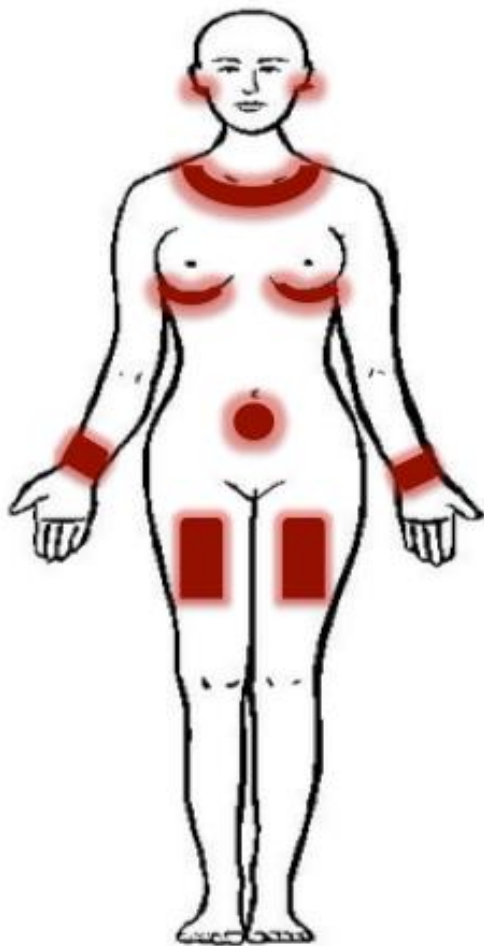
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Patrón níquel

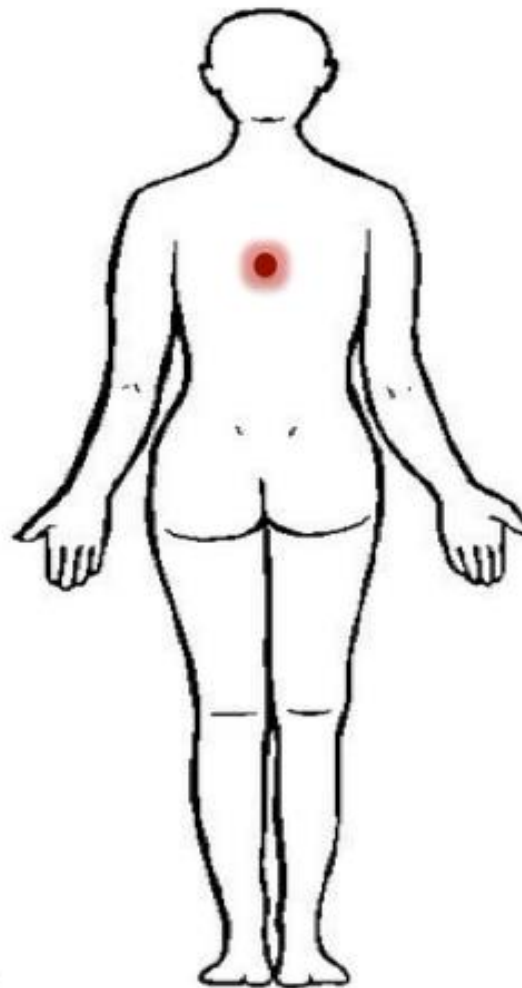


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Patrón níquel



Hospital de la Santa









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Hospital

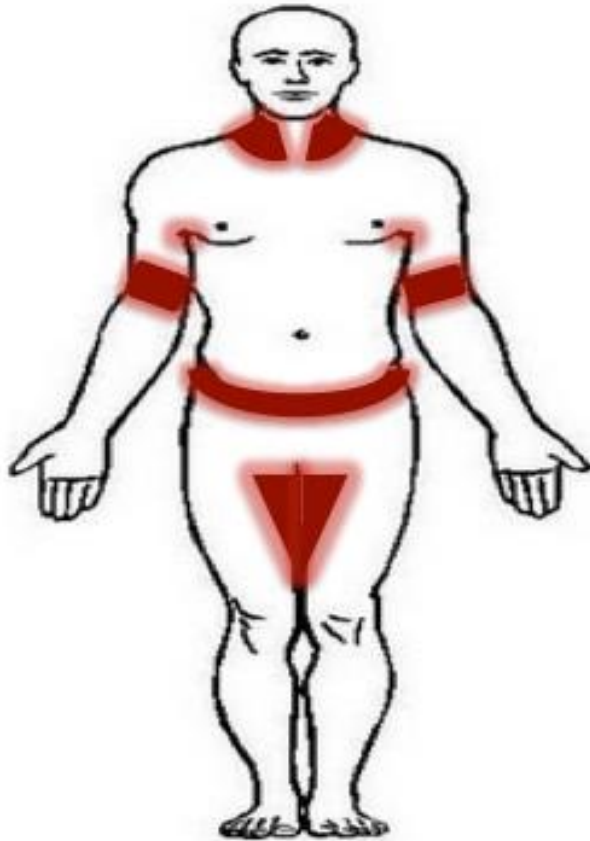




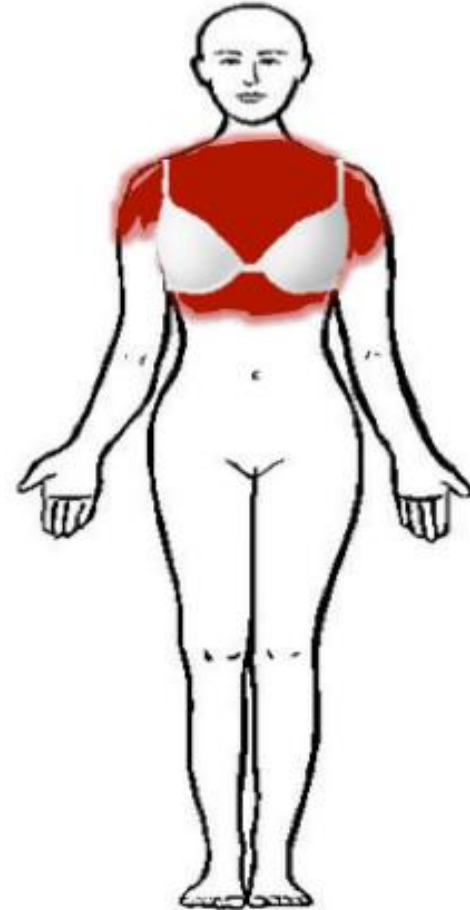
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Patrón textil



Hospital de la Sai



Patrón textil

Alergénos

**Tintes
Resinas
(liberadores de
formaldehído)**

Dermatitis de contacto por textiles en paciente sensibilizada al tinte *Reactive Orange 107*

Textile contact dermatitis in a patient
sensitized to Reactive Orange 107 dye

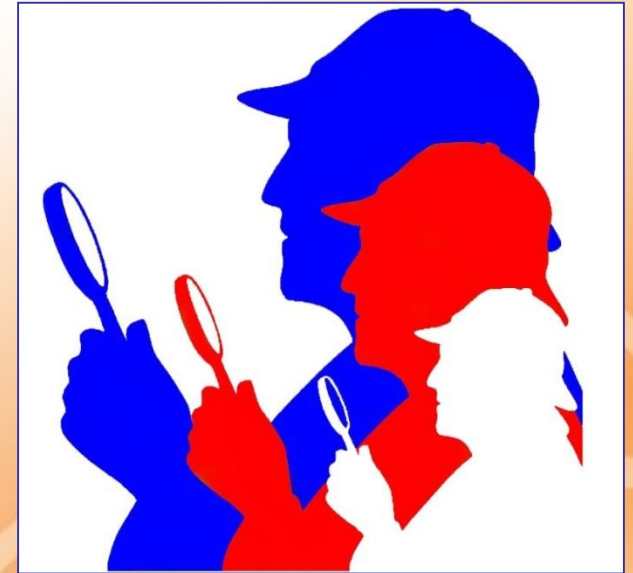


Figura 2 Positividad de pruebas epicutáneas (96 h) al producto propio (anverso y envés).



Figura 3 Positividad de pruebas epicutáneas (96 h) al tinte Reactive Orange 107.

Diagnóstico



Epicutáneas

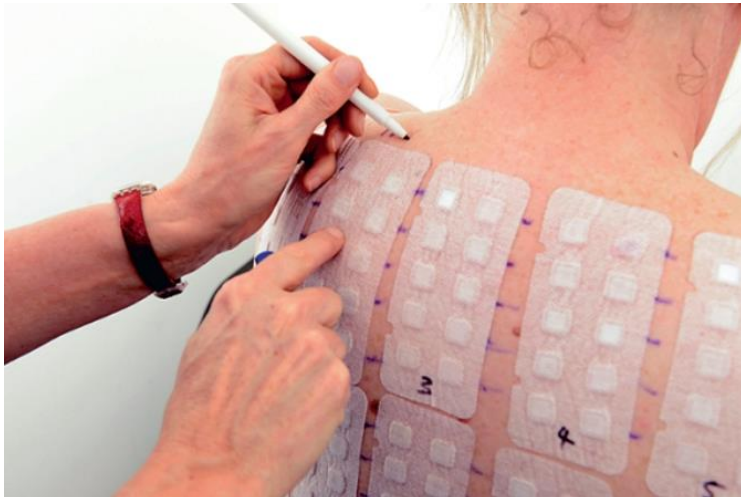


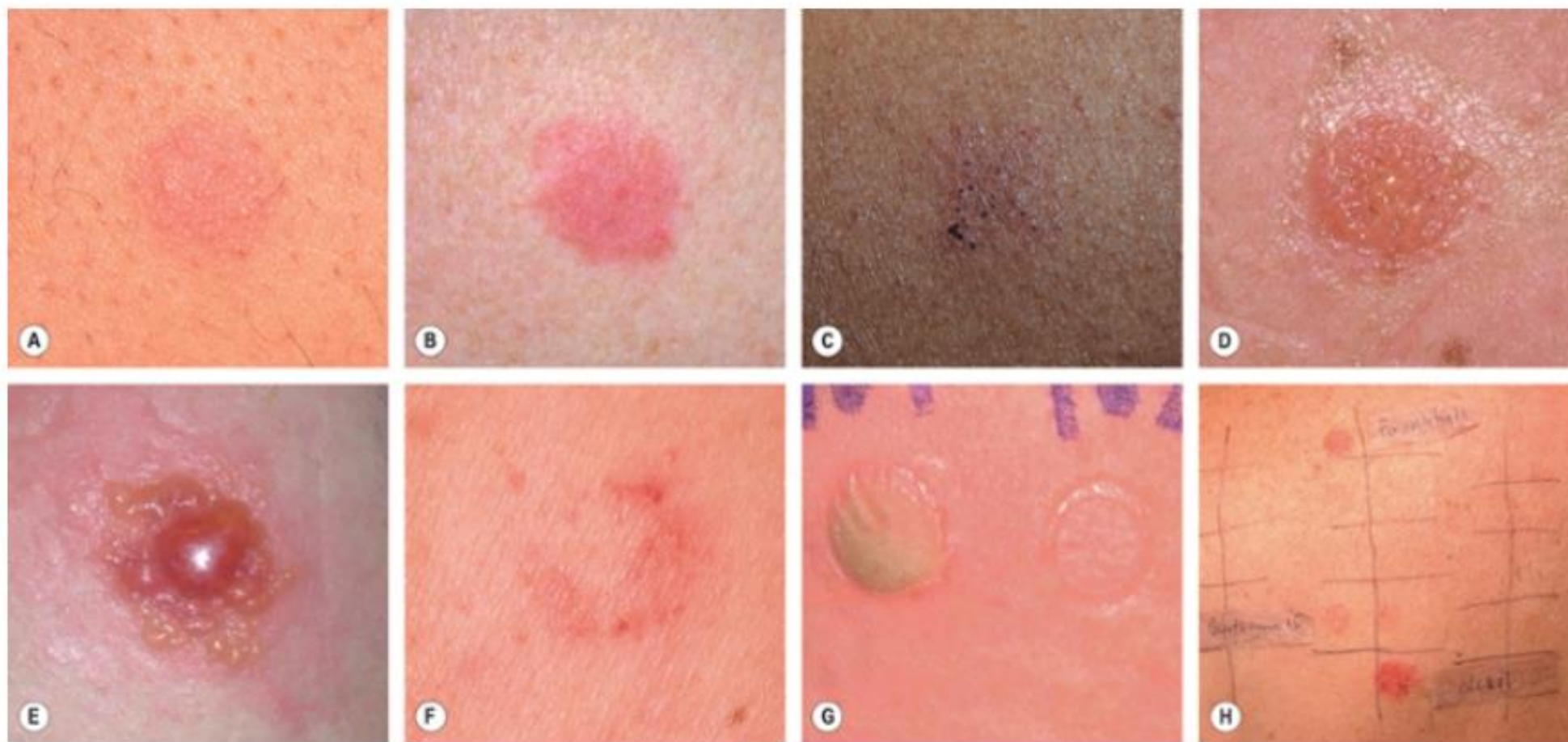
T.R.U.E. TEST[®] (36 alérgenos -80%)

Serie adicional. Profesionales (perfumes, tintes, gomas...)

Lunes-Miercoles-Viernes

¿Relevancia?

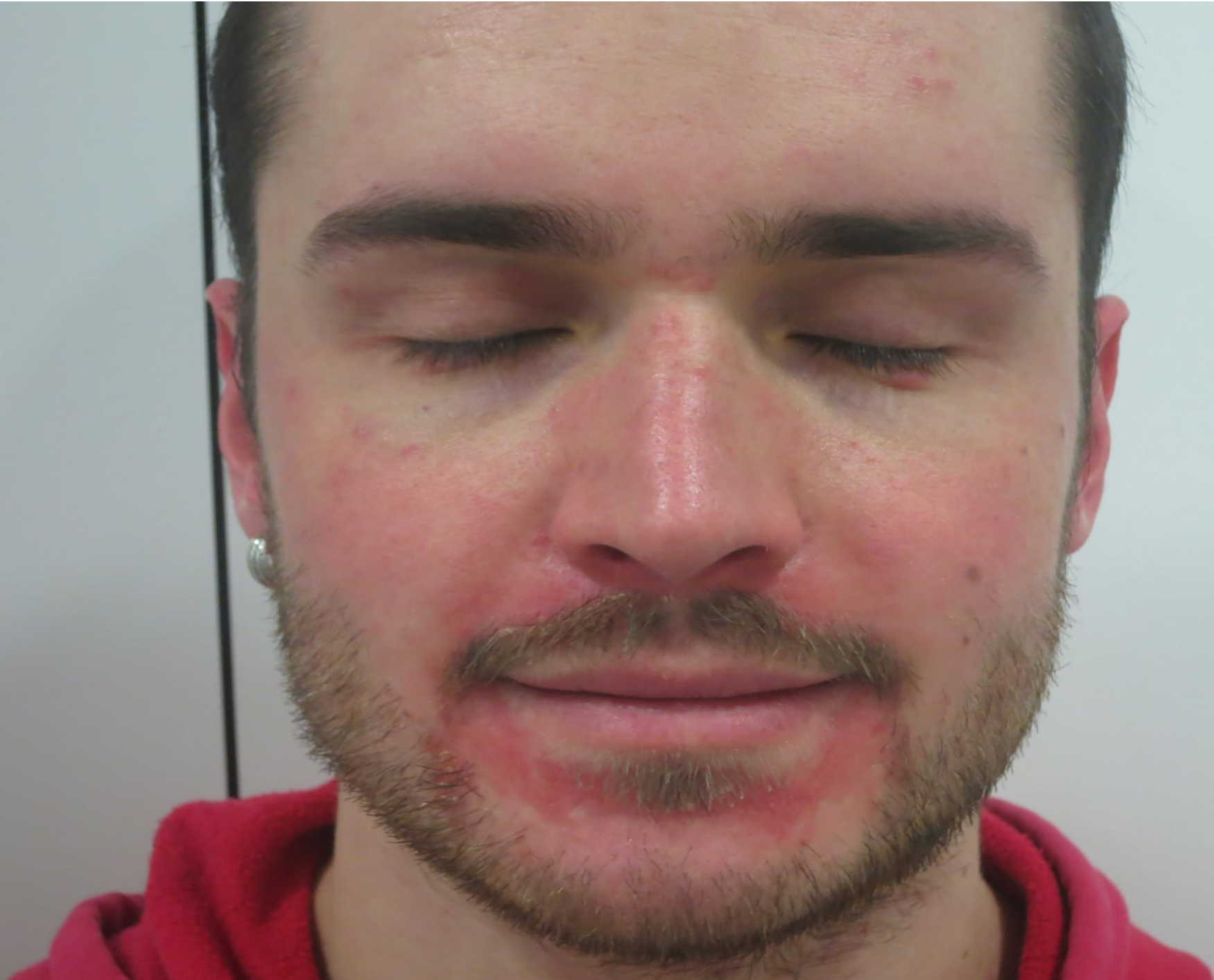




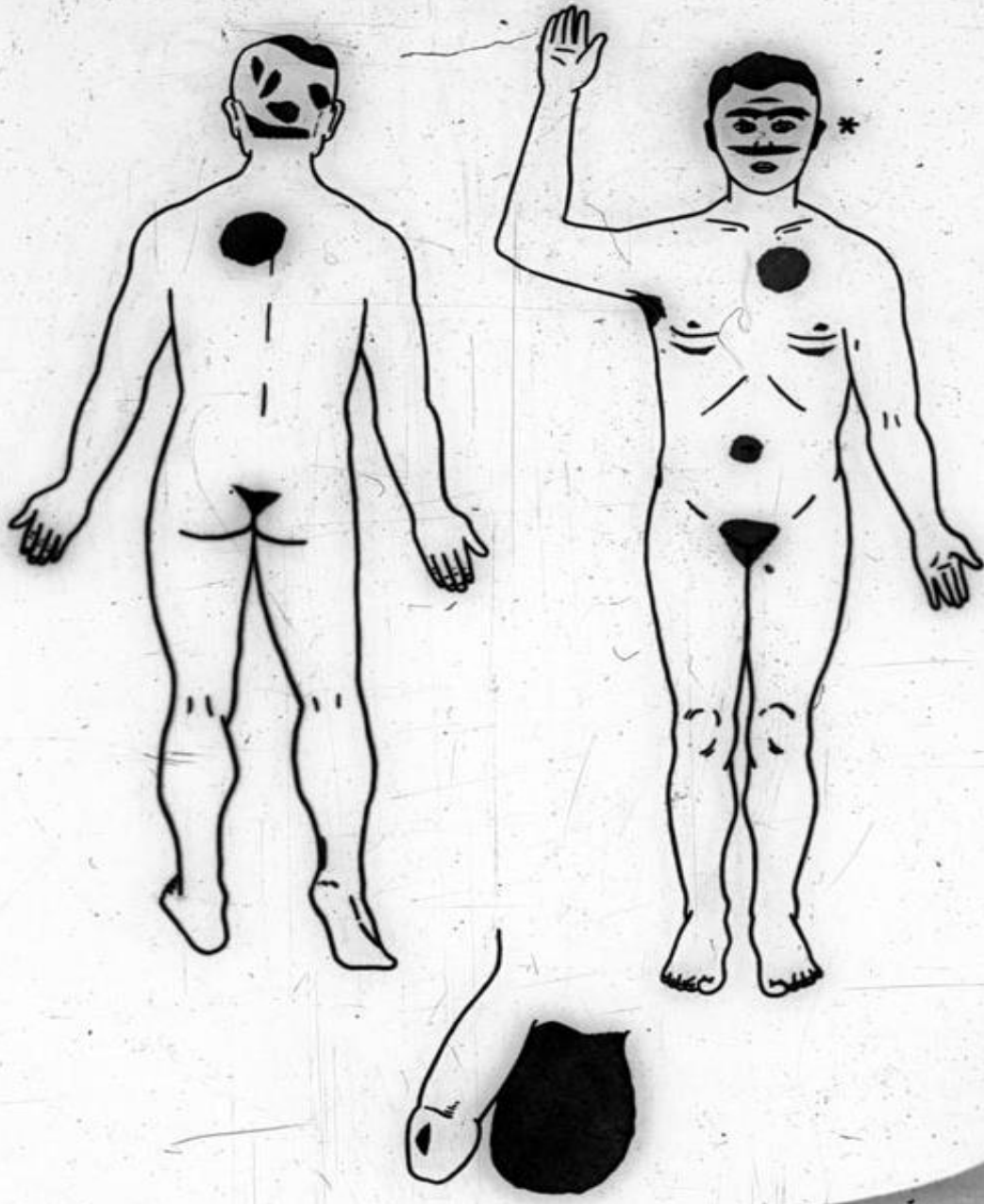
ROAT TEST (Repeated open application test)

El propio paciente
Productos tópicos
Antebrazo
0,1 mL en 5 x 5 cm
2v/d 7 días
Si inmediato, irritativo
Si eccema, retirar





Seborrheic Dermatitis—DISTRIBUTION







NEURODERMITIS O LIQUEN SIMPLE CRÓNICO

Eczema cronificado por ciclo
picor- rascado-picor.
Placas de eczema excoriado y
Muy liquenificado.

Atópicos, stress, etc.



ECZ.MICROBIANO O ECZ.NUMULAR

placas ecz.redondeadas
Exudativas y costrosas.



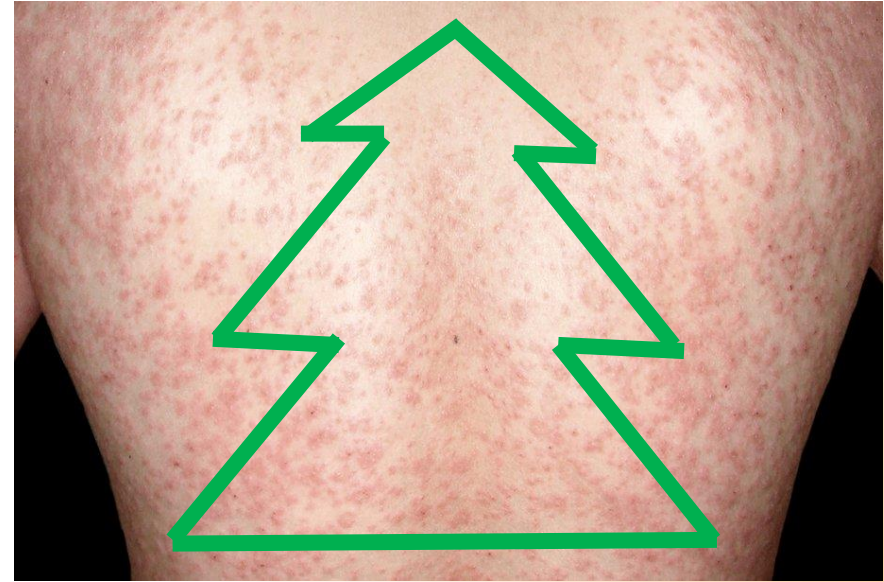
DERMATITIS DE ÉSTASIS AUTOECZEMATIZACIÓN

Eczema por patología venosa se agrava y se disemina de secundariamente a otras áreas.



PITIRIASIS ROSADA DE GIBERT

Rash agudo papulo eritematosa,
descamativo autolimitado.
Placa heraldo. Pac. jóvenes, tórax.
Etiología posiblemente vírica (virus herpes
humanos tipos 6 y 7)
DD: secundarismo lues





Hospital de la Santa Creu i Sant Pau

MUCHAS GRACIAS