

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**CONTACT DERMATITIS****WHAT IS IT?**

Contact dermatitis is a common inflammatory reaction that occurs when the skin comes in contact with an irritant or allergen:

- ❖ **Irritants** cause direct injury to the skin, resulting in an immediate inflammatory reaction. Any substance can act as an irritant if the concentration, duration, and frequency of exposure is sufficient.
- ❖ **Allergens** cause an immune-mediated reaction that can take minutes or days to occur. Allergies can develop to substances that have not caused problems in the past. Reactions can also vary in the same person over time.

**WHAT ARE POSSIBLE CAUSES?**

Irritants and allergens can include soaps, detergents, deodorants, perfumes, cosmetics, sunscreens, insect sprays, leather, wool, new clothing (from chemicals used in the manufacturing process), metals, medications, poison ivy/oak, etc. Specific skin areas are more likely to be affected by certain agents:

Face & Neck	Trunk
Mouthwashes, toothpaste	Clothing (particularly if new and unwashed)
Preservatives in contact lens solutions	Rubber or metal attached to clothing (belt buckles, zippers, buttons)
Hair sprays or dyes	<b>Genital Area</b>
Cosmetics, facial products	Douches, powder, scented panty liners
Hatbands (forehead), nickel (earlobes, neck)	Contraceptives (spermicides, condoms)
<b>Hands &amp; Forearms</b>	Colored toilet paper, fabric softeners
Soaps, lotions (can also cause skin irritation under rings)	Medicated creams/ointments
Rings, wrist bands, metal backs of watches	<b>Generalized Reactions</b>
Nail polish remover, industrial chemicals	Airborne chemicals (spray paint, ragweed)
Poison ivy, oak, or sumac	Clothing
<b>Underarm</b>	Medications, soaps, or skin products applied to large areas of the body
Deodorant, dress shields	
Dry cleaning solutions	

**WHAT ARE THE SYMPTOMS?**

Irritants and allergens can cause immediate or delayed reactions at the site of exposure. Rashes vary in appearance but are often red and itchy. These rashes are not contagious.

- Some rashes are raised and hive-like. Others start as red bumps that may eventually blister and weep. Some lesions may be dry and scaly, while others have a burn-like quality.
- Poison ivy exposure commonly results in a linear pattern where the skin has come in contact with branches or leaves.
- Warmth, swelling, or tenderness of the skin may also be present.
- Excessive scratching can lead to thickened skin and bacterial skin infections.

**NOTIFY YOUR HEALTHCARE PROVIDER IMMEDIATELY IF YOU HAVE:**

- A fever over 100°F.
- Pus draining from the rash.
- Painful lungs or nasal passages.
- A rash that covers large areas of your body.
- A rash in your eyes, mouth, face, or genital area.
- A rash that does not get better in a few days.

**WHAT IS THE TREATMENT?**

Avoid the irritant or allergen! Treatment is aimed at controlling symptoms and discomfort.

❖ **Skin Care Tips**

- If possible, wash the substance off with copious amounts of mild soap and water.
- Be gentle to your skin. Avoid harsh soaps, hot water, and vigorous scrubbing.
- Do not scratch! Scratching increases the chance of getting a bacterial infection.
- Use a thick moisturizer liberally multiple times a day, especially after handwashing and at bedtime. Examples include Cetaphil, Eucerin, Nutraderm, and petroleum jelly. Avoid skin products containing fragrances or lanolin (eg. Aquaphor) to decrease the risk of an allergic reaction. Avoid lanolin if you are allergic to wool.

## ❖ Medications

- **Oral antihistamines** can decrease symptoms and itching from allergic contact dermatitis. Many patients take a non-sedating medication like Zyrtec (cetirizine), Claritin (loratadine), or Allegra (fexofenadine) in the morning, and a sedating antihistamine like Benadryl (diphenhydramine) or Vistaril (hydroxyzine) at bedtime.
- **Corticosteroid creams** may be used once or twice daily for 2-4 weeks to decrease inflammation and itching from allergic or irritant contact dermatitis. Only a thin layer of the medication is needed to be effective. Excessive or long-term use can cause thinning and whitening of the skin.
  - Steroid creams should not be used on the face or neck unless you are specifically instructed to do so. In general, regular use should be limited to 1-2 weeks on the face and other sensitive areas, followed by intermittent use for up to 6 weeks if needed.
- **Corticosteroid pills** may be prescribed for more severe or widespread cases of allergic contact dermatitis. A short 5-day course is usually sufficient. Take these medications with food to avoid an upset stomach and early in the day to decrease the risk of insomnia.

## **FOR POISON IVY, OAK, OR SUMAC, TAKE THESE ADDITIONAL MEASURES:**

An allergic reaction to the oil from the plant (urushiol) occurs within 4 to 96 hours (usually 12-48 hours) after exposure, resulting in an itchy rash. Even smoke from a burning plant or contact with dried uprooted plants can result in an allergic reaction.

- The rash may appear in different locations at different times, depending on the amount of urushiol present and the thickness of the skin involved.
- Touching the rash or any oozing blisters will not spread the rash because urushiol bonds to the skin within minutes. However, scratching can increase the risk of a bacterial infection.
- Left untreated, the rash usually resolves in 1-3 weeks. Darkening of the skin may last a few months but will resolve without treatment.

## ❖ **If you think you've come in contact with poison ivy:**

- **Wash the whole body with mild soap or dish soap with a washcloth under very warm or hot running water as soon as possible** to increase the chances of removing and preventing further spread of the plant oil. Remember to wash well under the fingernails.
  - Washing within 10 minutes is ideal because less of the oil has bonded to your skin.
  - After an hour or so, the oil has usually penetrated the skin, but even washing 2 hours after the exposure can decrease the severity of the reaction.
  - If soap is not rapidly available, washing with plain water can still be helpful.
  - Some experts recommend washing the entire body three times while always wiping in one direction, not back and forth. This method may reduce irritation and help remove the oils.
- **Over-the-counter products that remove urushiol from the skin** are available.
  - Tecnu and Zanfel can be quite effective but are fairly expensive.
  - Dishwashing soap also appears to be effective in removing oils. Consider Dial Ultra, Dawn Ultra, and others.
- **Wash any belongings, including pets, that may have been exposed.** Because urushiol does not evaporate, it can remain on virtually any surface (even for years) until it's washed off.
  - Launder clothes in hot water when possible.
  - Wash your shoes, gloves, tools, camping gear, etc. with warm soapy water.
  - Use long rubber gloves and pet shampoo to wash your pets. Most pets are not sensitive to poison ivy, but the oil can stick to their fur and spread to someone who touches them.

## ❖ **Once the rash is present,** follow the treatment recommendations above, with the following caveats:

- **Sedating antihistamines**, like Benadryl (diphenhydramine) or Vistaril (hydroxyzine), can help improve sleep disrupted by itching. However, non-sedating antihistamines are generally not effective because the itch from poison ivy is not caused by the release of histamines.
- **Steroid pills** may be prescribed if lesions are on the face, mucous membranes, genitalia, or any large surface areas of the body (see above for details). A long taper is usually recommended to prevent rebound of symptoms.
- **Other over-the-counter treatment options** include:
  - Cool wet compresses applied for 15-30 minutes several times daily
  - Aveeno oatmeal baths (use cool water)
  - Burow's or Domeboro's soaks (to dry out weeping skin/blisters)
  - Calamine lotion (to dry out weeping skin/blisters)
  - Menthol-containing lotions, such as Sarna (to decrease itching)

**RECOMMENDED WEBSITES:** [www.mayoclinic.org](http://www.mayoclinic.org), [www.aad.org](http://www.aad.org)