

Hand Dermatitis

The hands of some people are sensitive to normal daily activities and easily become dry, cracked, and scaly. Water, soap, detergents, and cleansers are the most common culprits in triggering this problem, so 'dishpan hands' occur in housewives, nurses, cooks, beauticians, bartenders, waiters and others whose hands are repeatedly wetted. The rash caused by these exposures is a mild to severe irritation, not an allergy.

Blistering eczemas, psoriasis, and other rashes may occur on the hands. They may look like dishpan hands, and are irritated and worsened by water and cleanser exposure. The treatment of these 'hand eczemas' of whatever cause is the same.

Treatment

Prevention of Further Irritation:

- Decrease exposure to water and cleansers as much as possible. This might mean asking another household member to do some of these chores, or being temporarily transferred to another sort of job at work. Frequency of wetting and drying is more important than the duration of wetting, so washing, say, one large load of dishes a day is better than doing several small ones during the day. If you can use tongs and long-handled brushes when practical, this decreases water exposure. Unfortunately, rubber or plastic household gloves are not of great benefit in protecting you from common household exposures because it is the wetting which is most damaging, and gloves trap sweat and make the hand completely wet after a few minutes of wearing. Gloves flocked with cotton take only a few more minutes to do this. A truly protective system is to use a thin cotton glove under a loose vinyl one and to change to a fresh dry cotton glove whenever the current one becomes moist. This is so complicated and bulky as to be impractical for many activities. Avoiding wetting is much more effective than trying to protect against wetting.
- Lubricating the skin is important to replace natural skin oils leached out by wetting. You should stop using all commercial hand lotions and moisturizing creams and use only the products your doctor recommends, because many of the commercial products contain fragrances and other chemicals which are irritants. Plain greases, such as mineral oil or vaseline, are the safest. These should be rubbed in thinly very often: after every water exposure; and whenever the skin feels dry. This may require applications as often as 10 times a day, especially at the beginning, but overlubrication is impossible, and underlubrication is harmful.
- Treatment of the inflamed skin itself is by cortisone creams. Potent ones are usually necessary because penetration through thick palmar skin is poor. The cortisone cream or ointment is applied thinly two or three times a day, especially after water exposure. If the cream alone does not suppress redness and itching then a much greater effect can be obtained by covering the cream with a disposable plastic glove. This 'occlusion' greatly increases penetration of the medication, and softens and humidifies dry skin. After wearing the gloves overnight, for a few hours, or as long as possible, the hands should be rinsed and a cortisone cream or lubricant applied to prevent drying. If only the palm of the hand has a rash then the glove fingers can be cut off to make wearing the glove more comfortable.

After the rash has improved, or is under control, a mild cortisone cream is used instead of the potent one. Prolonged use of potent cortisone creams, especially under plastic gloves, may cause thinning of the skin. Lubricants alone will suffice if the rash has resolved, and cortisone creams can be used again if a relapse occurs.

Brad Kney, MD
672-0107