

New England Dermatology & Laser Center  
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## HAND DERMATITIS

Hand dermatitis, also known as hand eczema, is a frustrating problem for both patients and dermatologists. Hand eczemas of entirely different causes may closely resemble each other. Allergies to things that contact your hands or irritation from soap, water, detergents, etc., may produce a dermatitis that is difficult to distinguish from atopic eczema, psoriasis, nummular eczema, dyshidrotic eczema, fungus infections, yeast infections or allergic reactions to problems on the feet. Many kinds of hand eczema involve a number of causes. Secondary infections, irritation, allergy and trauma may all be playing a role by the time a patient reaches a physician.

### TYPES OF HAND DERMATITIS

By and large, the causes of most hand eczemas are not obvious. Listed below are some of the diagnoses physicians commonly consider:

**Housewives' eczema** is probably caused by excessive exposure to defatting, drying and irritating agents in contact with the hands.

**Allergic contact dermatitis**, by contrast, is caused by a specific agent or chemical that has been contacting the hands. The everyday contacts of the hands are so numerous and so difficult to define by history or questioning that the role played by sensitizers may be easily overlooked. Sometimes the pattern of the rash can be helpful in determining the causative agent. Sometimes patch tests can determine the cause.

**Psoriasis** on the hands is usually accompanied by psoriasis on the body or on the nails, and often a family history of psoriasis is present.

**Atopic hand eczema** occurs in a group of people with a personal or family history of eczema, asthma or hay fever. It is similar to housewives' eczema in that the irritants usually are causing the rash. However, emotional upset may also play a significant role in causing the sudden onset of group of small blisters.

**Dyshidrotic hand eczema** was thought incorrectly to arise from plugged-up sweat glands. Group of deep-seated small blisters that itch intensely may suddenly appear on the side of the fingers and palms. Some people with this type of rash perspire excessively on the palms and soles, especially in response to emotional upset.

**Pustular bacterid** is a rare type of hand eczema consisting of deep-seated blisters and pustules on the fingers and palms, which is thought to arise in response to a focus of infection internally.

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### **SIMPLE HAND DERMATITIS TREATMENT**

1. Apply the prescribed medication sparingly to the rash and massage in well two to four times daily.
2. If you are uncomfortable or the problem is severe, you may put two capfuls of a bath oil (Alpha Keri, or similar) or tar oil (Balnetar, Cutar, or similar [no prescription required]) in a basin with enough cool water to cover your hands and soak for ten minutes. This is especially soothing before bedtime and prior to the application of your medication, but may be performed several times daily if desired.
3. Do not apply any other cream, lotion, or ointment to your hands except the one prescribed for you. However, if your skin is still too dry, you may apply plain white petrolatum (Vaseline) or other suggested moisturizer directly over the prescribed medication you have applied. You may also wear a white cotton glove for added protection. This may be especially comforting at bedtime.
4. When washing your hands, use lukewarm water and a very small amount of mild soap. Rinse the soap off well, dry gently, and apply a little medication and/or a moisturizer and massage it in well.
5. As your rash improves, you may use the medication less often, but continue to apply moisturizer regularly.
6. Hand dermatitis may recur. If your hand rash returns, you need to resume treatment and pay closer attention to protecting your hands.
7. If your rash does not improve, please return to this office so we can re-evaluate your treatment.
8. **IMPORTANT CAUTION:** Strong topical medication covered with gloves may cause the skin to thin and become easily irritated. Therefore, once you have begun to see improvement, you should use occlusive treatment less often. This treatment should be used only under close medical supervision.

If you have any questions, please feel free to ask your doctor, or call the office at (413) 733-9600.

### **CARING FOR HAND DERMATITIS**

1. **Realize that hand dermatitis is common.** Most hand rashes result from a combination of unusually sensitive skin and irritation or allergic reactions from materials that the hands touch. The hands touch an enormous amount of irritating materials each day: soap, detergents, solvents, foodstuffs, and of course, numerous materials a work like greases, oils, chemicals, glue, etc. Individuals vary in sensitivity to this contact. A good many people have skin that simply can't "take it", and develop dermatitis as a result. People with hand dermatitis frequently have a prior history of dermatitis or eczema elsewhere. There may be a history of blood relatives having had hand dermatitis. Obviously, we cannot give you "tougher" skin, but there are effective ways to manage your skin and effective medicines to help heal the dermatitis and prevent its recurrence.
2. **Protect your hands, especially in cold weather.** Protect your hands from direct contact with soaps, detergents, scouring powders, and similar harsh chemicals. Make use of long-handled brushes as far as possible for dishwashing and for cleaning and scouring pots, pans, and stoves. Special brushes are now available for doing most household chores. The proper use of such brushes may make the wearing of rubber gloves to a large extent unnecessary. When outdoors in cold and windy weather, wear unlined gloves to avoid drying and chapping.
3. **Avoid contact with shampoo.** Either let someone else shampoo your hair or use plastic gloves.
4. **Remove and clean rings regularly.** Rings often worsen dermatitis by trapping irritating materials beneath them. Remove rings before doing house or yard work and before washing your hands. They should be cleaned on the inside with a brush and allowed to dry thoroughly.
5. **Follow precautions if using rubber gloves.** Protection may also be obtained by the use of rubber gloves, if used properly. The heat and sweat inside a rubber glove may be as bad for the hands as their irritation from soap and cleansers. Thus, when rubber gloves are used, white cotton gloves must be worn inside the rubber gloves. Loose-fitting gloves may be more comfortable and less irritating than those that fit too snugly. Try not to wear rubber gloves for more than a half hour at a time, and remember that some people are allergic to rubber. Do not put your hands into very hot water when rubber gloves are worn, since the heat may penetrate the gloves and irritate the hands. Dishes should be soaked in hot soapy water for 30 minutes and allowed to cool before washing so that the glove-enclosed hands will not be overheated by the hot water. If the glove develops a hole, discard it at once. Wearing a glove with a hole is worse than not wearing gloves at all.
6. **Limit contact with wool.** Because wool causes itching and irritation in many people, keep contact with wool to a minimum.
7. **Protect your hands if changing diapers.** Babies may be bathed with the bare hands, since soaps used for this purpose are mild and non-irritating. However, if the hand dermatitis is very acute and rubber gloves are worn, put a pair of cotton gloves over the rubber gloves so that the baby can be handled without danger of slipping out of the wet rubber gloves. Handling of diapers that contain a great deal of ammonia may irritate the hands. Such diapers should be picked up with forceps or tongs.

8. **Wear cotton gloves when doing housework.** When doing dry, dusty or dirty housework, cotton gloves may be worn to prevent the hands from getting excessively soiled. Such protection reduces the need for excessive cleansing of the hands. If the fingertips are free of dermatitis, the tips of the gloves may be cut off to allow air to circulate about the hands and so prevent excessive heating and sweating. Avoid direct contact with turpentine, paint thinner, paint, metal polish, floor polish, furniture polish, and shoe polish. As these all contain irritating solvents, you should wear heavy duty gloves when using them.
9. **Use precautions in the kitchen, too.** Contact with fruit juices, fruits, vegetables and raw meats may be quite irritating to the skin. Until the hands are better, the use of canned or frozen products may be helpful. Particularly avoid direct contact of the inflamed skin with the irritating juices of onion and garlic. Many patients find a food processor helpful, as it limits the direct contact of hands with foods, as with paring, for instance.
10. **Use care when doing the laundry.** When pouring or measuring detergents or bleaches, be careful that they do not splash on to the hands and forearms. The use of bleaches in tablet form or those which are “pre-measured” and packages in plastic containers is recommended for patients with hand eczemas. Keep packages clean to avoid irritation from direct contact with the skin and detergent on the outside.
11. **Plan on long-range hand protection.** The resistance of your skin is lowered for at least four or five months after your hand dermatitis appears to be completely healed, and will continue to need protection during this time. It takes a long time for the skin to recover and, unless you are careful, the dermatitis could recur. Unfortunately, there is no fast “magic” treatment for hand dermatitis. Your skin must be given a rest from the irritation, so follow the instructions in this handout carefully.
12. Use particular care in cleansing the hands. Do not use household cleansers on the hands. These cleansers are made to remove dirt from dishes, clothes, walls and floors, and are much too harsh for us on the skin. Also avoid using “waterless” cleansers that are essentially organic solvents and often irritate and inflame the skin.

Avoid prolonged or too frequent washing of the skin. Gently pat the skin dry with a soft washcloth or tissues. Avoid vigorous rubbing. Remember that some people seem to tolerate unlimited washing of the hands with soap and water, while in others the skin gets dry and irritated even with a minimum of washing. Do not use soaps that sting and are excessively drying. Superheated soap and soap substitutes (e.g., Cetaphil, Eucerin lotion cleansers) are avoidable when this occurs. Even the mildest soap must be gently and thoroughly rinsed off the hands.

In the acute stage, when the hands are swollen and red, avoid cleansing the skin with any soap. Do not use any creams, lotions or ointments except as instructed.