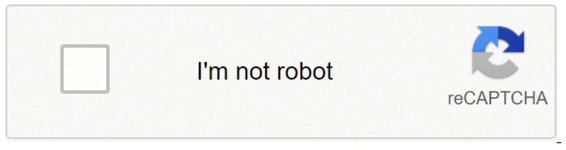
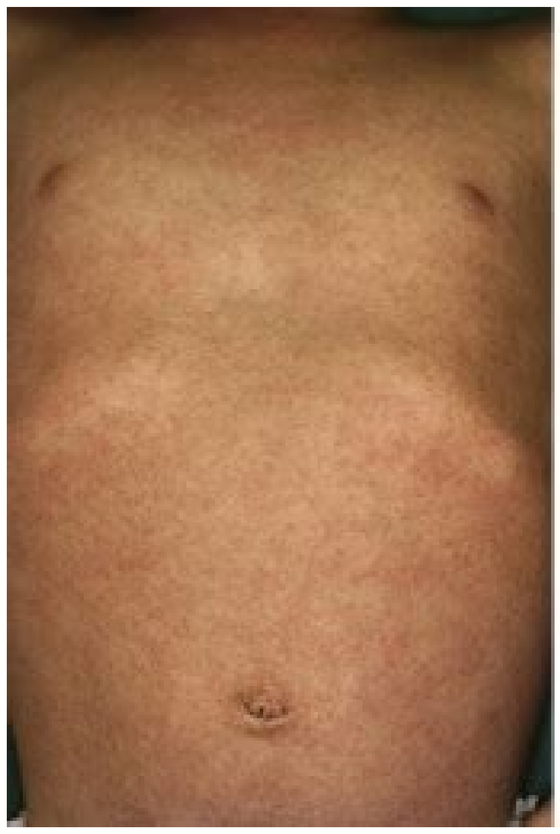


Open

Dress syndrome treatment guidelines



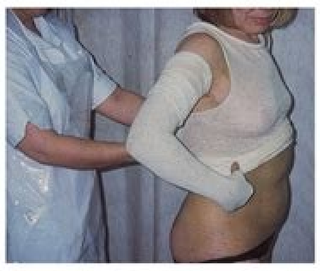


Fig. 7.18 Protective tubular gauze dressings being applied over a topical steroid ointment.

transient burning sensation being the most common side-effect; however, it decreases with usage. Some use topical steroids briefly, to improve the eczema, before starting tacrolimus ointment, hoping in this way to decrease the incidence and severity of this burning sensation. Systemic absorption is low, and skin atrophy is not a problem. Local infection might be troublesome and the development of skin cancer, especially on exposed treated areas, is a concern when the drug is used for prolonged periods. Perhaps more information and experience are required before tacrolimus can be hailed as a revolutionary new treatment for the treatment of inflammatory skin disorders—but the results so far look highly impressive. Topical tacrolimus is now available as Protopic ointment (Formulary 1, p. 334).

Pimecrolimus (Formulary 1, p. 334) is another topical immunosuppressant and a derivative of askamycin. Clinical trials in moderate atopic eczema have been encouraging and it can be used in patients older than 3 months. Its action is very similar to that of tacrolimus and time will tell if either preparation is superior.

- The regular use of bland emollients, either directly to the skin or in the form of oils to be used in the bath. Some of these can also be used as soap substitutes. A list of suitable preparations is given in Formulary 1 (p. 328). Some rules governing the use of emollients are given in Table 7.7.
- Those with an associated ichthyosis should generally use ointments rather than creams.
- The scratch–itch cycle can often be interrupted by occlusive bandaging, e.g. with a 1% ichthammol paste bandage. Nails should be kept short.

Table 7.7 Winning ways with emollients.

Make sure they are applied when the skin is moist
Prescribe plenty (at least 500 g/week for the whole skin of an adult and 250 g/week for the whole skin of a child) and ensure they are used at least 3–4 times a day
For maximal effect, combine the use of creams, ointments, bath oils and emollient soap substitutes

- Sedative antihistamines, e.g. trimeprazine or hydroxyzine (Formulary 2, p. 345) are of value if sleep is interrupted, but histamine release is not the main cause of the itching, so the newer non-sedative antihistamines help less than might be expected.
- Acute flares are often induced by the surface proliferation of staphylococci, even without frank sepsis. A month's course of a systemic antibiotic, e.g. erythromycin, may then be helpful.
- Allergen avoidance: prick tests confirm that most sufferers from atopic eczema have immediate hypersensitivity responses to allergens in the faeces of house dust mites. Sometimes, but not always, measures to reduce contact with these allergens help eczema. These measures should include encasing the mattress in a dustproof bag, washing the duvets and pillows every 3 months at a temperature greater than 55°C, and thorough and regular vacuuming in the bedroom, where carpets should preferably be avoided.
- Do not keep pets to which there is obvious allergy.
- The role of diet in atopic eczema is even more debatable, and treatments based on changing the diet of sufferers are often disappointing. Similarly, it is not certain that the avoidance of dietary allergens (e.g. cow's milk and eggs) by a pregnant or lactating woman lessens the risk of her baby developing eczema. It may still be wise to breastfeed children at special risk for 6 months.
- Routine inoculations are permissible during quiet phases of the eczema. However, children who are allergic to eggs should not be inoculated against measles, influenza and yellow fever.
- Those with active herpes simplex infections should be avoided to cut the risk of developing eczema herpeticum.
- In stubborn cases UVB, UVA-1 (340–400 nm) or even PUVA therapy may be useful.
- Cyclosporin: severe and unresponsive cases may be helped by short courses under specialist supervision (Formulary 2, p. 347).

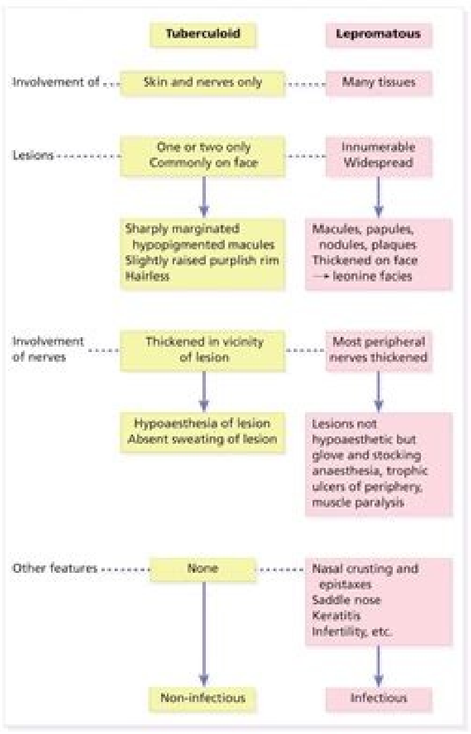


Fig. 14.12 Tuberculoid vs. lepromatous leprosy.

Differential diagnosis

Tuberculoid leprosy. Consider the following—in none of which is there any loss of sensation.

- Vitiligo (p. 246)—loss of pigment is usually complete.
- Pityriasis versicolor (p. 221)—scrapings show mycelia and spores.
- Pityriasis alba—a common cause of scaly hypopigmented areas on the cheeks of children.
- Postinflammatory depigmentation of any cause.
- Sarcoidosis, granuloma annulare, necrobiosis lipoidica.

Lepromatous leprosy. Widespread leishmaniasis can closely simulate lepromatous leprosy. The nodules seen in neurofibromatosis and mycosis fungoides, and multiple sebaceous cysts, can cause confusion, as can the acral deformities seen in yaws and systemic sclerosis. Leprosy is a great imitator.

Psoriasis is not the only skin disease that is sharply marginated and scaly. Table 6.1 lists some of the most common ones. Eczema can also be raised and scaly, but is usually poorly marginated and fissures, crusts or lichenifies (Chapter 7). Psoriasis is discussed in Chapter 5.

Pityriasis rosea

Cause

The cause of pityriasis rosea is not known. An infectious agent has always seemed likely but has not yet been proven: human herpesvirus 7 is the latest suspect. The disorder seems not to be contagious.

Presentation

Pityriasis rosea is common, particularly during the winter. It mainly affects children and young adults,

Table 6.1 Some important papulosquamous diseases.

Psoriasis
Pityriasis rosea
Lichen planus
Pityriasis rubra pilaris
Parapsoriasis
Mycosis fungoides
Pityriasis lichenoides
Discoid lupus erythematosus
Tinea
Nummular eczema
Seborrhoeic dermatitis
Secondary syphilis
Drug eruptions

and second attacks are rare. Most patients develop one plaque (the 'herald' or 'mother' plaque) before the others (Fig. 6.1). It is larger (2–5 cm in diameter) than later lesions, and is rounder, redder and more scaly. After several days many smaller plaques appear, mainly on the trunk, but some also on the neck and extremities. About half of the patients complain of itching. An individual plaque is oval, salmon pink and shows a delicate scaling, adherent peripherally as a collarette. The configuration of such plaques is often characteristic. Their longitudinal axes run down and out from the spine (Fig. 6.2), along the lines of the ribs. Purpuric lesions are rare.

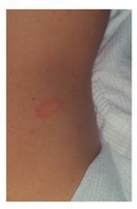


Fig. 6.1 The herald plaque of pityriasis rosea is usually on the trunk and is larger than the other lesions. Its annular configuration is shown well here.

Spanish guidelines for diagnosis management treatment and prevention of dress syndrome.

SR nretS, CJ uaejuoR. scitenegocamrahP . yduts lortnoc-esac a:ypareht citpelipeitna fo skeew tsrif gnirud sisylorcen lamredipe cixot dna emordnys nosnhoJ-snevetS fo ksiR . locamrahP loM . la te, E aegE, J sinuy, AJ namrebeiL .12]ralohcS elgooG[ ]deMbuP[.849Â"Ã¢549:74;0991 .deM nretnI hcrA .43]ralohcS elgooG[ ]deMbuP[.la te , C lanehC , L rotartnI , G yksvelytsK-teuqohC .1951Â"Ã¢7851:653;0002 .emordnys nosnhoJ-snevetS rof rekram a:sciteneg lacideM .41]ralohcS elgooG[ ]deMbuP [.ASU teS dacA ltaN corP .SR nretS ,P sinnT .JJ ailgum ,CC oirottiV .samohpmyl tnangilam yllacigolohtap yllacinilc gnikcimim dna sgurd tnasluvnocitna yb decudni yhtaponedahpmyL .4441Â Â±Ã¢9341:26;7002 .stneitap 83 ni emordnys ytivitisnesrepyh decudni-gurd fo serutaef lacinilC .92]ralohcS elgooG[ ]deMbuP [.niropsolic ot gnidnopser emordnys ytivitisnesrepyh tnasluvnocitna tnetsisreP .72]ralohcS elgooG[ ]deMbuP [.9314Â"Â"Ã¢4314:201;5002 .la te ,D avehctnoT ,N avehcarcaB ,V vohalV .lozimatem morf sisotycolunarga fo ksir dna srotcaf citeneG tnemtaert fo noitcudortni eht retfa ecnerucco dipar fo smotpmys ekil-ainomuenp lariv etuca dna lanitsetniortsaGrivacabAyhtapouenp cilihonisoe dna ,seitilamronba traeh ,ailihponisoe ,seihtaponda larehirePenil cyconiMtnemtaert fo trats eht retfa shtnom lareves gniraeppa revef tuohtiw ailihponisoe dna noitcnufsyDlonirpollAsisorcen lamredipe cixot dna reveFenigirtomaLDEVRESBO SNOITATSEFINAM FO NOITALLETSNOCG FO EMAN22emordnys SSERD sa devresbo snoitatsefinam fo noitalletsnoc rieht dna sgurD2 egaP]ralohcS elgooG[ ]deMbuP [.VL namercA ,LS nietsztlaS .851Â"Ã"Ã¢551:46;5002 .35Â"Ã"Ã¢74:26;0102 .4]ralohcS elgooG[ ]deMbuP[.lonirupolla yb desuac snoitchaer esrevda suoentac ereves rof rekram citeneg a sa elella 1085*B-ALH .deM J lgnE N .lotamreD dacA mA J .yadoT lonummi .gruS deM natuG nimeS)SSERD:smotpmyS cimetsyS dna ailihponisoE htiw hsaR gurD (emordnys ytivitisnesrepyh gurd dna amohpmyloduesp decudni-gurD) id inoizaeR .2301»Â6201:931;8991 .la te ,BL uoiL ,HW gnuhC ,IS gnuH .91]ralohcS elgooG[ ]deMbuP[.K otomihsaH ,Z awazekI ,M amijiI ,T arahoihS .icamraf ad attodni Ätilibisnesrepi ad emordnis allen ailifonisoe id enoizareneg alla otaicossa ¨Ã 5 anihcuelretni id illevil ied otnemuaâL .21]ralohcS elgooG[ ]deMbuP[.584«Â 484:48 ;4002 ,laereneV mreD tcA .AR iceiD .AJ aiaZ .acitenegocamraf acimoneG .53]ralohcS elgooG[ ]deMbuP[.4912»Â0912:353;9991 .lonummI nilC ygrellA J .33]ralohcS elgooG[ ]deMbuP[.nilC id lorhpeN .31]ralohcS elgooG[ ]deMbuP[.62]ralohcS elgooG[ ]deMbuP[.01]ralohcS elgooG[ ]deMbuP[ ]otiutarg olocitra CMP[.la te ,P ettesuM ,L eronaUA ,M ikhsE .lonummI nilC logrellA acreciR J .atnoc ainteâl :nosnhoJ-snevetS id emordnis al rep erotacram nU .la te ,L narataM ,J zeugnimoD-zelaznoG ,M zereP-zeugirdoR .147»Â237:36;3002 .71]ralohcS elgooG[ ]deMbuP[.la te ,G gnoW ,J llerraF ,JD ttibsiaN .la te ,H teuqcoB ,L hcaelCeL ,I lavoD-aicraG .ivarg eenatuc esrevva inoizaer ellus ydutS lortnoC esaC lanoitanretnIâlled oiduts id oppurG .3]ralohcS elgooG[ ]deMbuP[.lotamreD hcrA .752»Â052:51 ;6991 .63]ralohcS elgooG[ ]deMbuP[.072:11 ;0991 .3414:12 ;4991 .ivittaer itilobatem ied imordnis el :icamraf ia ehcitarcnisoidi inoizaeR .22]ralohcS elgooG[ ]deMbuP[.C enoraM ,F teilliG ,H oremuN ,E inailuZ .lotamreD J olletarF .2]ralohcS elgooG[.T arahoihS ,Y onaK .etnetsisrep etidracoim noc)SSERD(icimetsis imotnis e ailifonisoe noc enilciconim ad attodni ocamraf ad enoizaeR .81]ralohcS elgooG[ ]deMbuP[.icittelipeitna icamraf ad Ätilibisnesrepi ad emordnis alled etrap raf ²Âup etiloc aL .anigirtomal alla Ätilibisnesrepiâllen ehcificeps-ocamraf T elullec elled enoizazzirettaraC .563»Â463:82 ;3002 .la te ,PJ ylleK ,O aierroC ,B ynazR .la te ,SH gnoH ,IS gnuH ,HW gnuhC .olotamueR J .326»Â306:4 ;0991 .mA htroN nilC locnO lotameH .ottatnoC ad etitamreD)SSERD(ocamraf ad Ätilibisnesrepi id emordnis allen oenatucipe hctap id tseT ,opitonef ,opitonef , Äticificeps alled enoizazzirettarac :anipezamabrac alla cytokine profile of specific pharmacological T-cell clones. 2007; 156:1083Ã¢Â Â"1084. Chiou CC, Yang LC, Hung SI, et al. Allergy. Uses of the lymphocyte transformation test in the diagnosis of sensitivity to the drug: dependence on its timing and the type of rash of the drug. Shiohara T, Kano Y. 1996; 6:67Ã¢Â‚72. Chen YC, Chiu HC, Chu CY. 1940; 1:490Â¢Â¶492. 2006; 155:422Ã¢Â¶428. Lancet. Risk of severe skin disorders after initiation of phenytoin, carbamazepine or sodium valproate: a record linking study. Clin Exp Dermatol. Two different clinical entities. [PubMed] [Google Scholar]11. [PubMed] [Google Scholar]25. Toxic epidermal necrolysis and Stevens-Johnson syndrome: Does early withdrawal of causal drugs reduce the risk of death? [PubMed] [Google Scholar]6. Naisbitt DJ, Britschgi M, Wong G, et al. Knowles SR, Uetrecht J, Shear NH. Santiago F, Goncalo M, Vieira R, et al. Sequential reactivation of herpesvirus in drug-induced hypersensitivity syndrome. Anticonvulsive hypersensitivity syndrome. J Eur Acad Dermatol Veneral, 2008; 22:1044Ã¢Â"1049. 1999; 40:1780Ã¢Â¶1783. Shaughnessy KK, Bouchard SM, Mohr MR, et al. [PubMed] [Google Scholar]23. Neurology. Epilepsy. Arch Gen Psychiatry. Kano Y, Hirahara K, Mitsuyama Y, et al. A complex interaction between drug allergy and viral infection. [PubMed] [Google Scholar]9. Genetic sensitivity to carbamazepine-induced skin adverse reactions. 1997; 49:542Ã¢Â¶546. Clinical features and prognosis of drug rash with eosinophilia and systemic symptoms: a study of 30 cases in Taiwan. Severe adverse drug-related skin reactions. Um SJ, Lee SK, Kim YH, et al. Vancomycin-induced hypersensitivity reaction with acute renal failure: resolution after ciclosporin treatment. Callot V, Roujeau JC, Bagot M, et al. Pharmacogenetics J. Lonjou C, Thomas L, Borot N, et al. Coope R, Burrows R. virals associated with bone marrow transplantation. [PubMed] [Google Scholar]7. Scholar]7. .61]ralohcS .61]ralohcS elgooG[ ]deMbuP[.813Â"Â"Ã¢513:26;0102 .3041Â"Â"Ã¢3931:111;3002 .emordnys ytivitisnesrepyh dna amohpmyloduesp decudni-gurD .5]ralohcS elgooG[ ]deMbuP[.1231Â"Ã¢5131:231;6991 .eniotnadyh lynehpid muidos htiw yspelipe fo tnemtaerT .8]ralohcS elgooG[ ]deMbuP [.erutaN .la te , H noterb , O eruered , H ereiryeP .ME sniggiH , DS sirroM , EK namraH .elosimavel yb sisotycolunarga dna 72B-ALH .CJ uaejuoR , M togaB , H teuqcoB . 2721:133; 4991 .862Â"Ã¢562:6; 6002 .281Â"Ã¢461:21; 9591 . sesac 06 fo yduts evitcepsorter a:smotpmys cimetsys dna ailihponisoe htiw noitcaer gurD .23]ralohcS elgooG[ ]deMbuP[.RK tpuoH ,DR remiehtnoS .snoitavitcaer lariv dna serutaef lacinilc lacipyt fo sisab eht no dehsilbatse yltneiciffus neeb sah emordnys SSERD a fo sisongaid ehT .265Â¢655:02;0102 .603Â¢792:61;6002 .51]ralohcS elgooG[ ]deMbuP[.1 .eruliaf nagroitlum elbatciderpnu fo esuac a:smotpmys cimetsys dna ailihponisoe htiw noitcaer gurd fo sesac ereves fo sisylana raey-evlewT .82]ralohcS elgooG[ ]deMbuP[.etalamoiht muidos dlog gniviecer sitirhtra diotamuehr htiw stneitap ni snoisel suoenatucum htiw 5RD-ALH fo noitaicossA .0922Â Â¢5822:551;5991 .02] ralohcS elgooG[ ]deMbuP[.emordnys ytivitisnesrepyh nagroitlum deyaled decudni-gurd eht rof erutalcnemon susnesnoc desoporp a:SHOMDID .27Â Â±Ã¢76:541;9002 .723Â±Ã¢323:631;0002 .331Â±Â±Ã¢421:33;7002 ,lonummi ygrella veR nilC .73]ralohcS elgooG[ ]deMbuP[.4002 .13]ralohcS elgooG[ ]deMbuP[.03]ralohcS elgooG[ ]deMbuP[ ]deMbuP [?tsixe yllaer emordnys SSERD a seod:smotpmys cimetsys htiw sgurd fo stceffe-edis suoenatuc fo nrettap lacinilc eht ni ytilibairaV .la te ,HS eeJ ,HW gnuhC ,IS gnuH .42]ralohcS elgooG[