DERMPATH DIAGNOSTICS®
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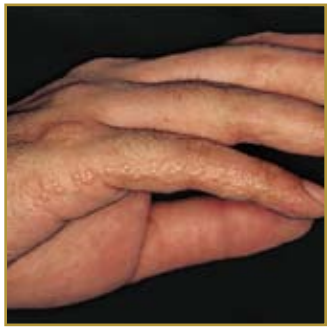
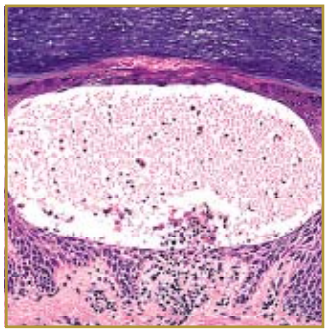
Dyshidrotic Eczema





EPIDEMIOLOGY: 5-20% of patients with hand eczema and more commonly occur in warmer climates and during spring and summer months
ETIOLOGY: Unknown
PATHOGENESIS: Small, itchy bumps that gradually progress to a rash made up of fluid-filled blisters (vesicles)
CLINICAL: Small, fluid-filled blisters (vesicles)
HISTOLOGY: Spongiosis with an epidermal lymphocytic infiltrate and intraepidermal vesicles or bullae

Dyshidrotic Eczema is a recurrent or chronic relapsing form of vesicular palmoplantar dermatitis. Of patients with dyshidrosis, 50% have atopic dermatitis. Occasionally prior to blistering of the skin, the patient may feel burning pain or pruritus. Occurrence of this type of dermatitis can be from once a month to once a year. The condition often appears related to other skin diseases (e.g., atopic dermatitis, contact dermatitis, allergy to ingested metals, dermatophyte infection, bacterial infection, environmental or emotional stress). Some mildly affected patients experience spontaneous resolution within 2-3 weeks. Topical corticosteroids is the preferred drug choice by most healthcare providers.

BIBLIOGRAPHY

1. "Drug Eruptions" (Online) March 2007 http://www.emedicine.com/derm/topic104.htm (visited: March 17, 2008)
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