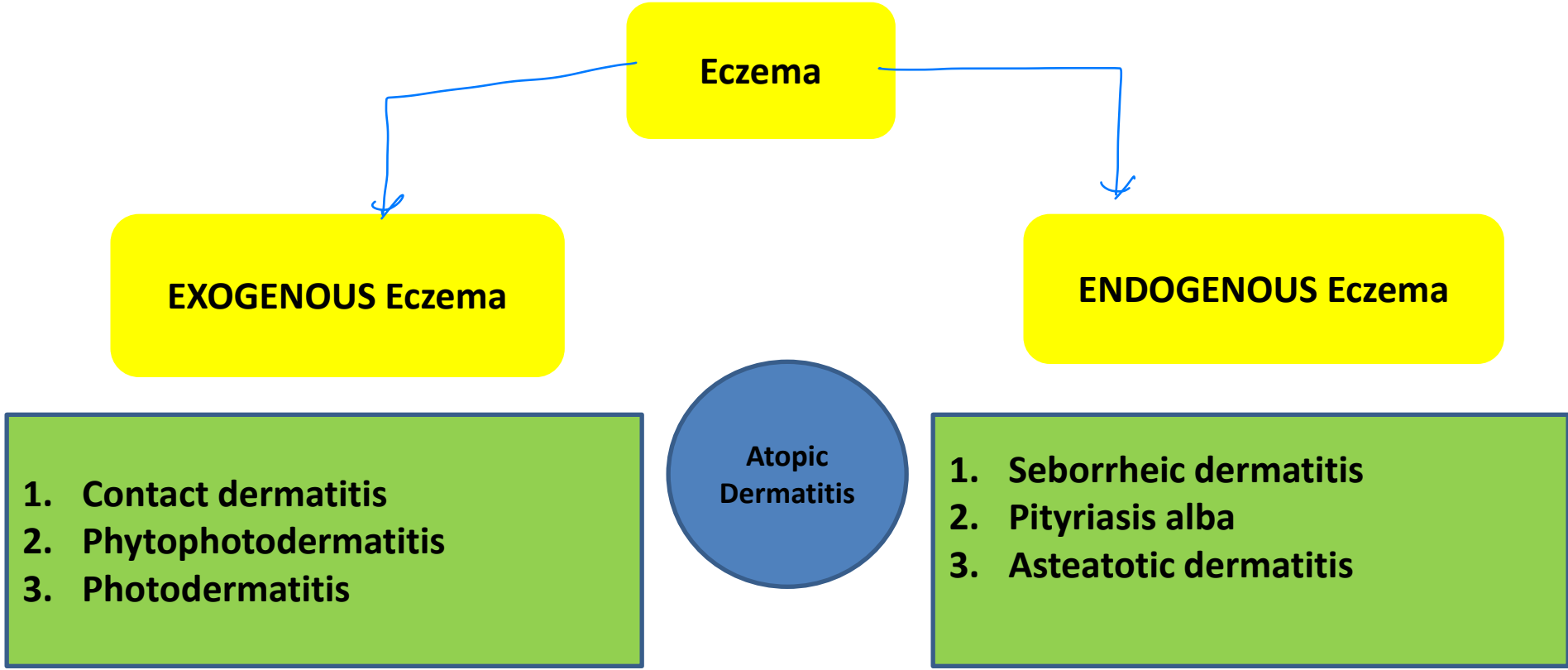
Allergic Disorders & Dermatitis

By: Dr Chesta Agrawal

ECZEMA → to boil out

Intercellular edema = spongiosis



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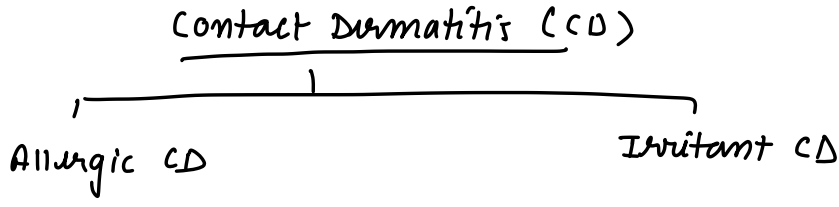

Contact Dermatitis (CD)
Allergic CD
Irritant CD

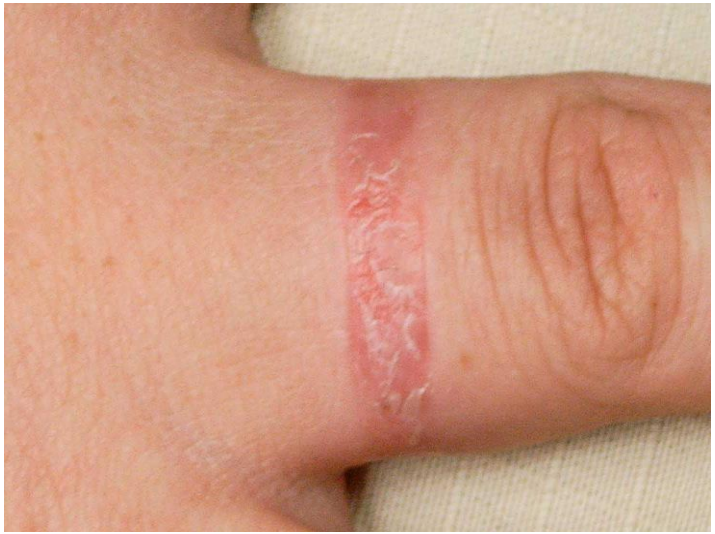
ECZEMA :- to boil out

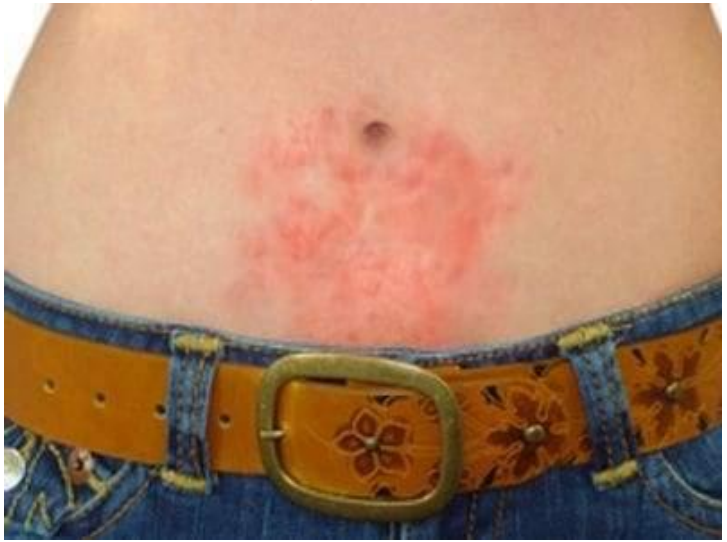
Intracellular edema = spongiosis

Acute subacute Chronic

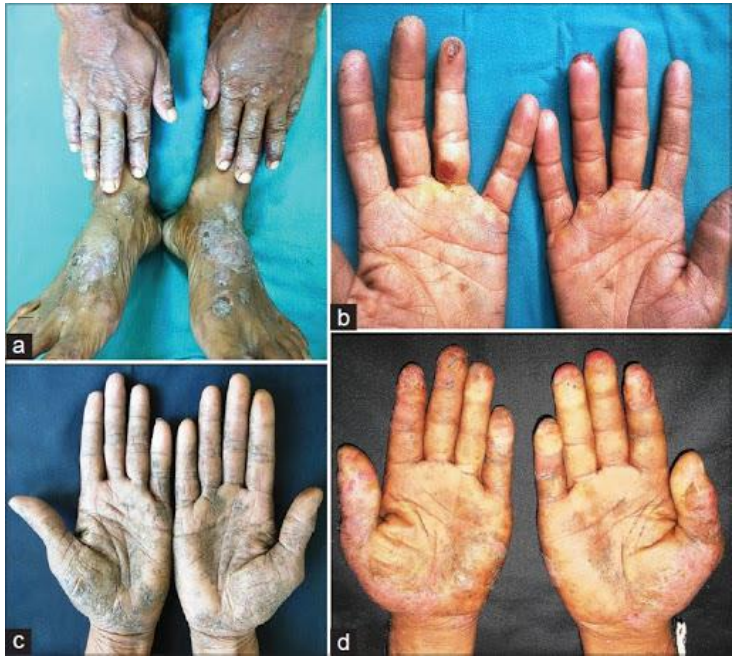
Irritant Contact Dermatitis	Allergic Contact Dermatitis
Accounts for approximately 80% of all contact dermatitis	Accounts for the remaining 20% of all contact dermatitis
Result from a local toxic effect	It is a delayed-type hypersensitivity reaction of Th1 response
Affect every one ,no sensitization is required	Prior sensitization is required
Reaction soon after contact -minutes to hours	Reaction delayed for hours to days
Repeated or prolonged exposure is required, a dose-response relationship	Small amount of allergen is enough to elicit the reaction
No cross-reaction	Cross-reaction can occur
Burning prominent	Burning not prominent Itching.
Lesions are restricted to the area where the irritant damaged the tissue	Localized, but may be more diffuse
Negative patch test	Positive patch test

Nickel → MC allergen causing ACD



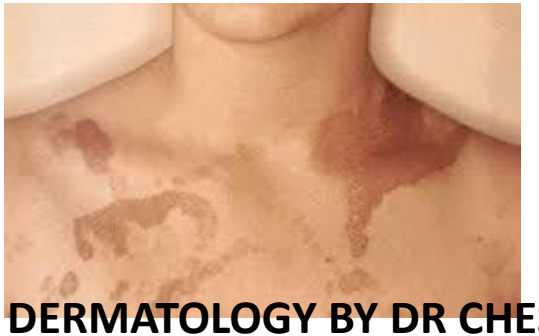


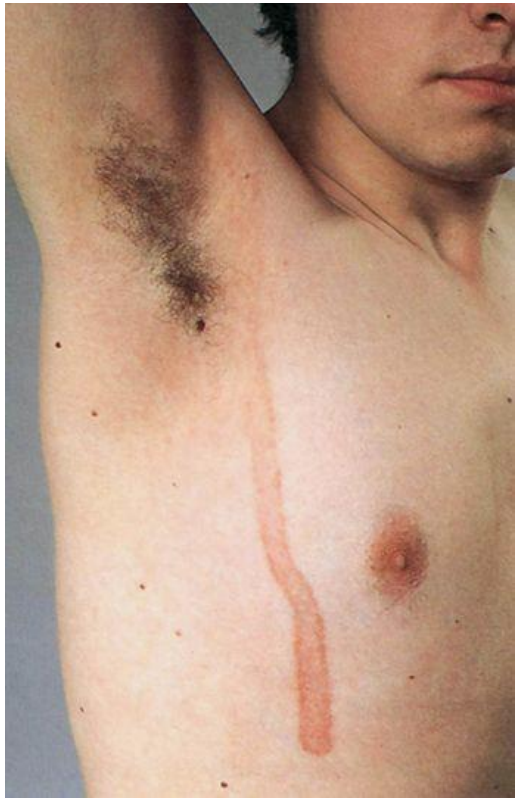
Cement- Potassium Dichromate



Furocoumarins in Perfume

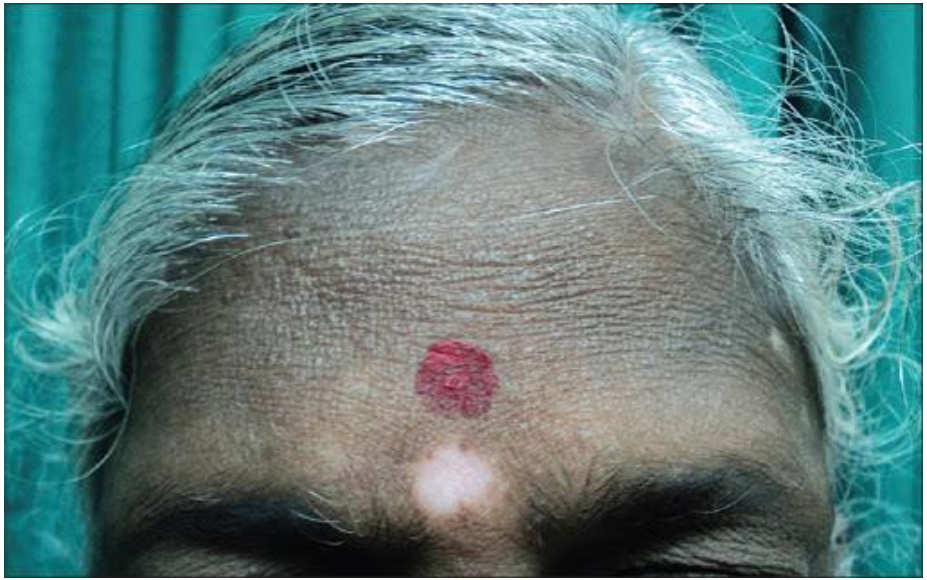
Berloque dermatitis





Para tertiary butyl phenol

Bindi Adhesive



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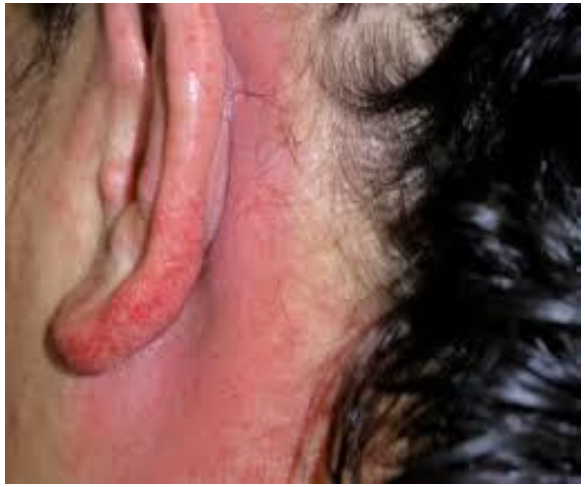
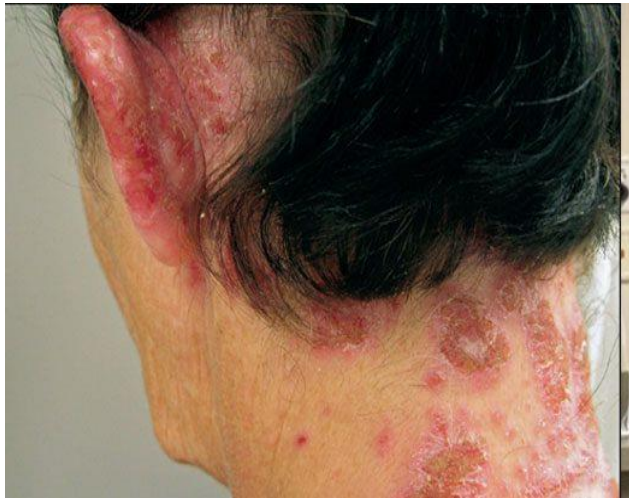
PPD- hair dye

Paraphenylene Diamine





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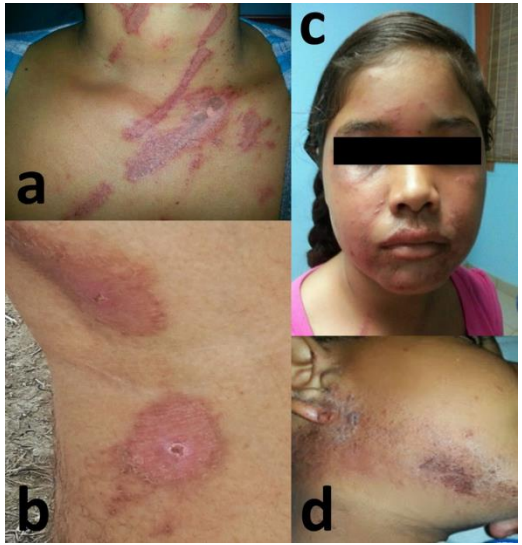
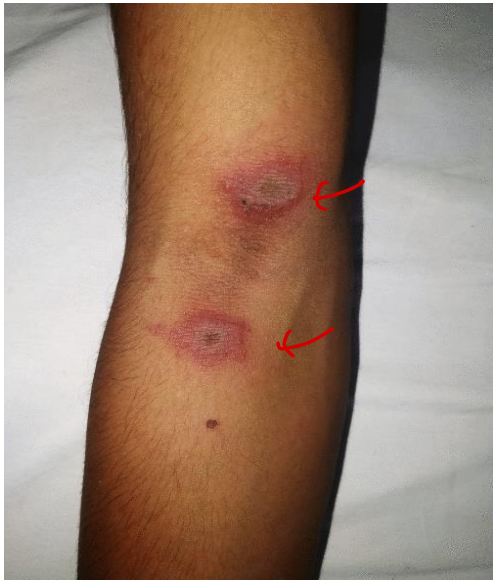
Insect bite reaction/ Paedrous dermatitis





Kissing lesions

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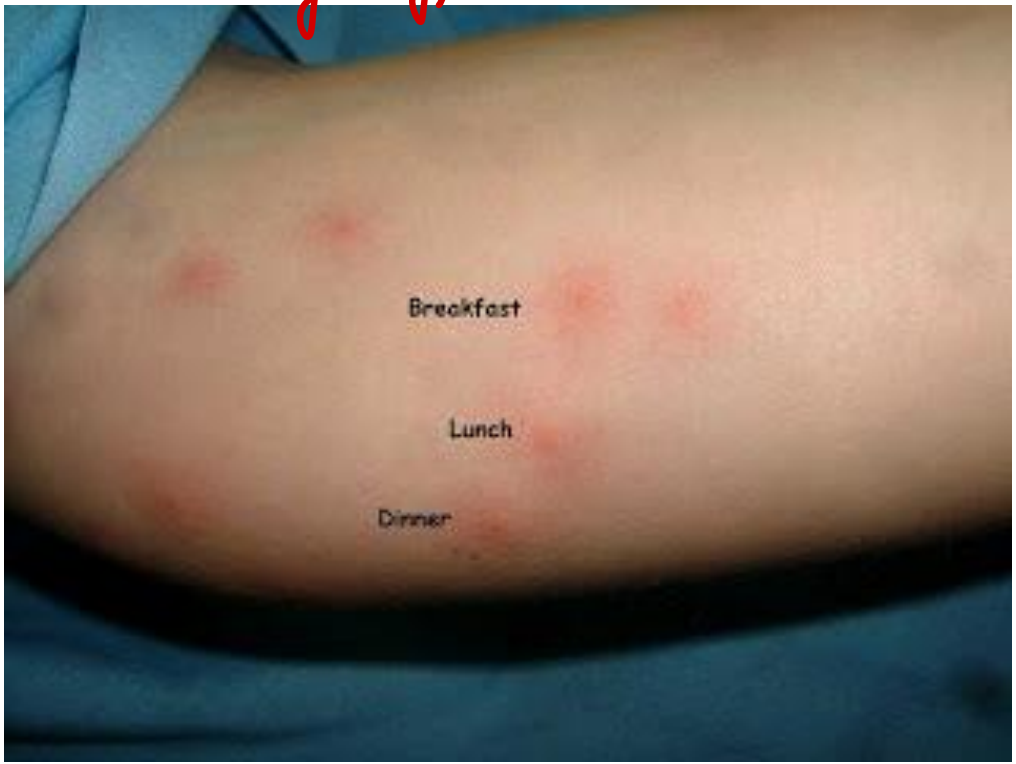
Bed bug Hypersensitivity



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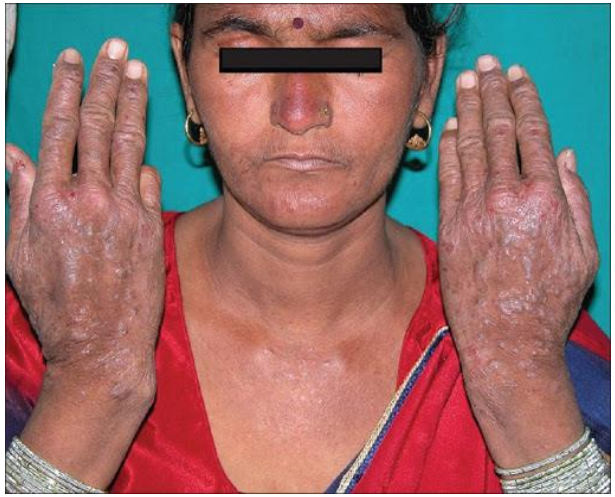
Parthenium dermatitis

congress grass

1. Parthenium hysterophorus
2. Sesquiterpine Lactone



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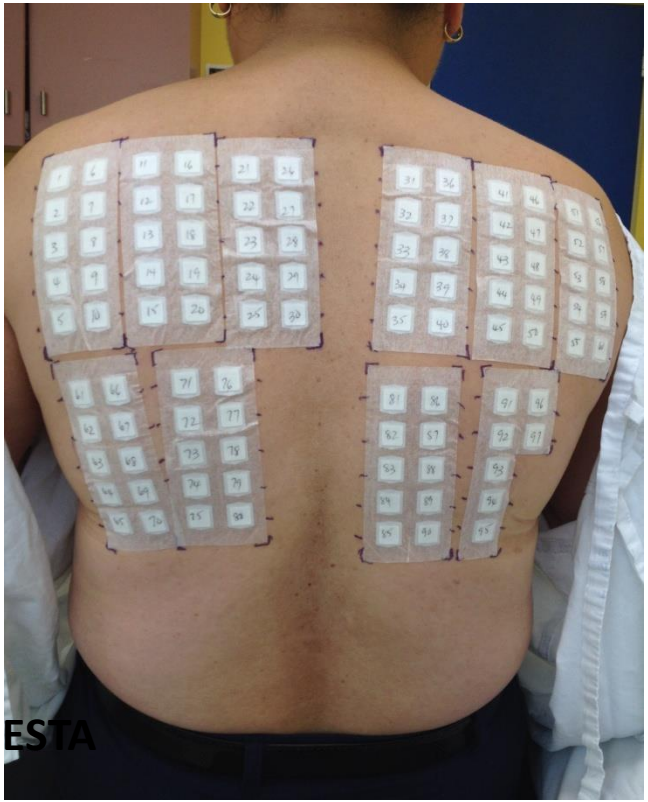
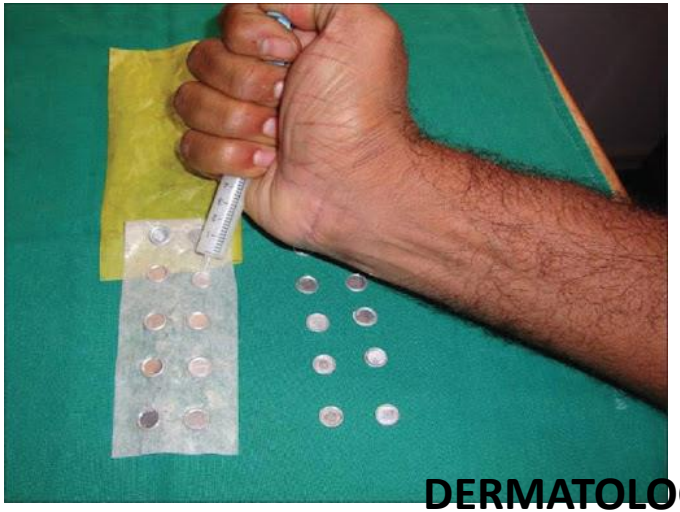
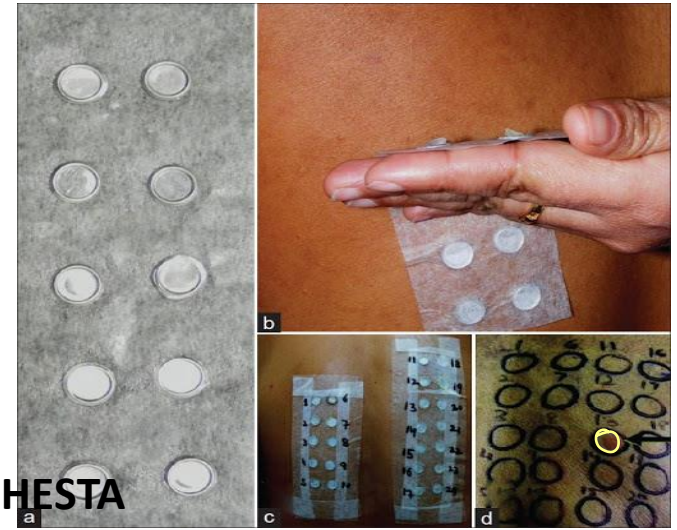
Patch test

- Identify causative agent in Allergic contact dermatitis → IOC
- Type IV hypersensitivity reaction
- Removed in 48 hour and read at 96 hours







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Atopic dermtatitis

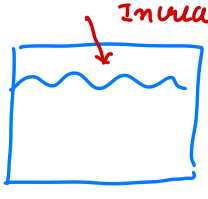
- One of the manifestation of ATOPY

- Atopy refers to predisposition to develop

1. Asthma
2. Allergic rhinitis
3. Atopic dermatitis

Exogenous Theory (outside-in Theory)

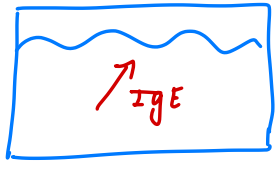
Defective skin Barrier



Endogenous Theory (Inside out Theory)

Abnormal Immune Response

Hyper IgE response



Itching + 2 Major / 3 Minor

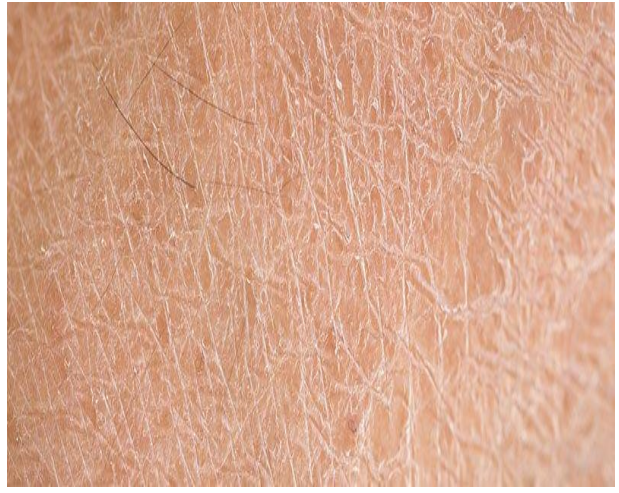
Diagnostic criteria

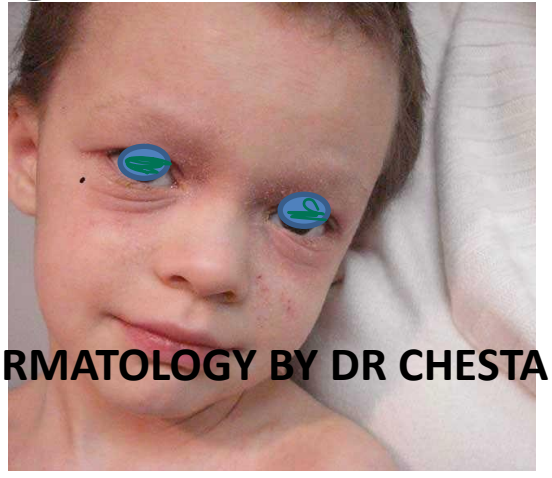
- Rajkas and heniffins's criteris- ~~3 Major + 3 Minor~~

1. MAJOR
   a) Itching
   b) Typical morphology & distribution
   c) Chronic condition
   d) Family history of atopy
      (asthma, allergic rhinitis, atopic dermatitis)

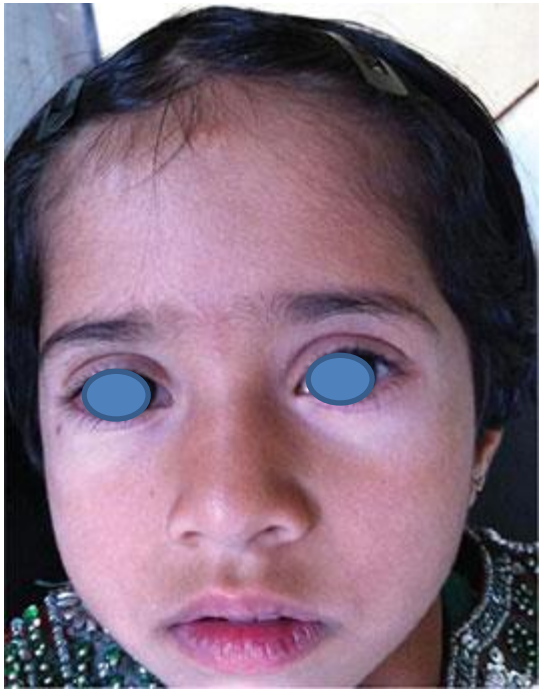
- Minor criteria:

1. Dry skin
2. Dennie morgan fold



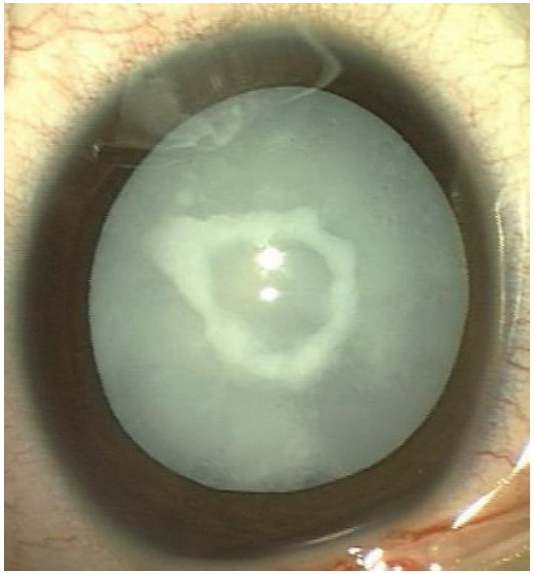


persistant vasoconstriction



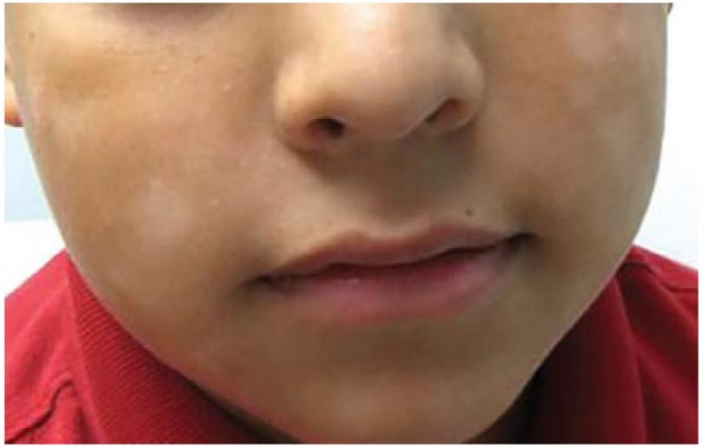
3. Head light sign
4. Palmer hyperlinearity

5. Anterior subcapsular cataract
6. keratoconus



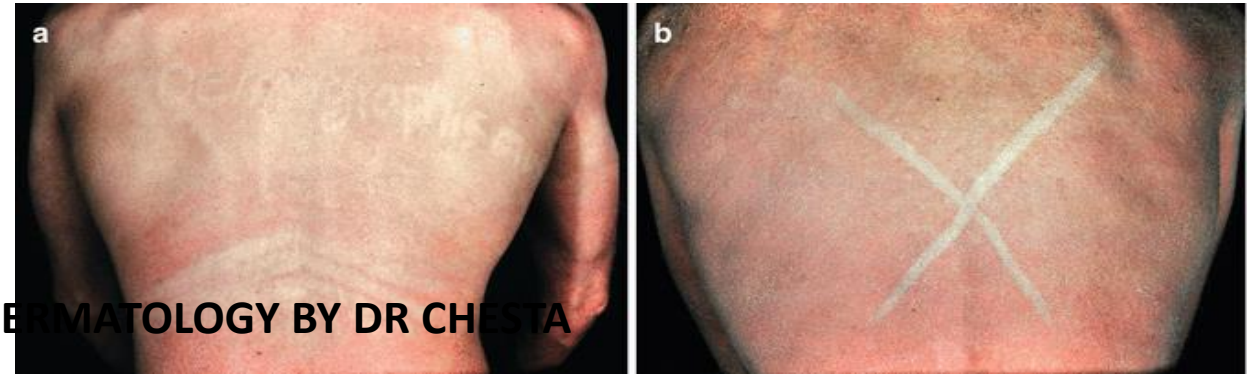
Ill defined hypopigmented patches on face of a child

7. Pityriasis alba
8. Orbital darkening



D/D Indeterminate leprosy.

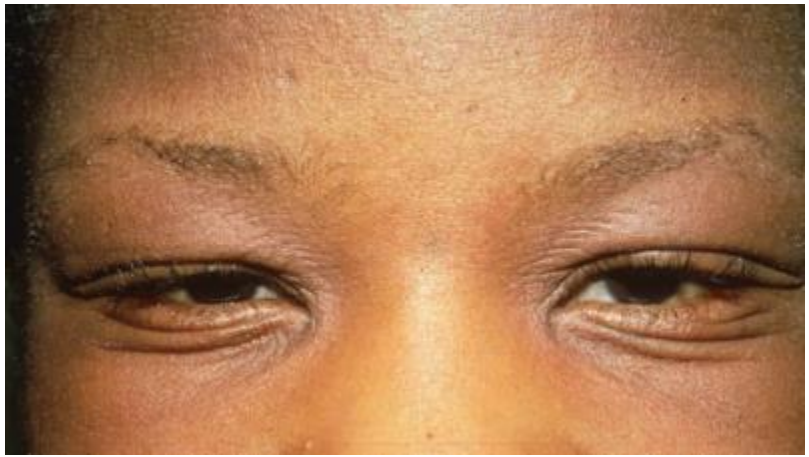
9. Recurrent skin infection
10. Increased IgE response
11. White dermographism

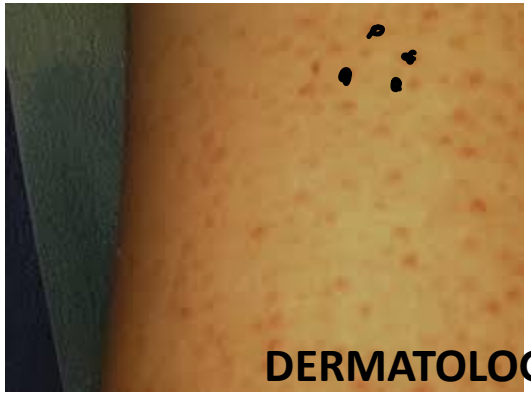


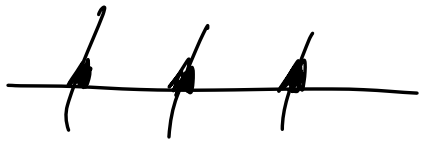
Loss of lateral 1/3rd of eyebrow

12.Hertoghe's sign / Queen Anne's sign.

13.Antene sign







- Diagnosis of Atopic dermatitis-

➢ Clinical

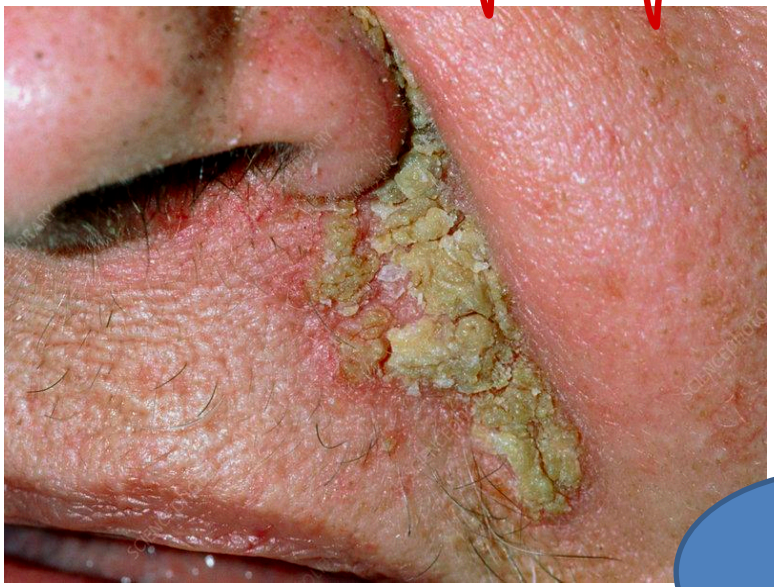
➢ Itching is must

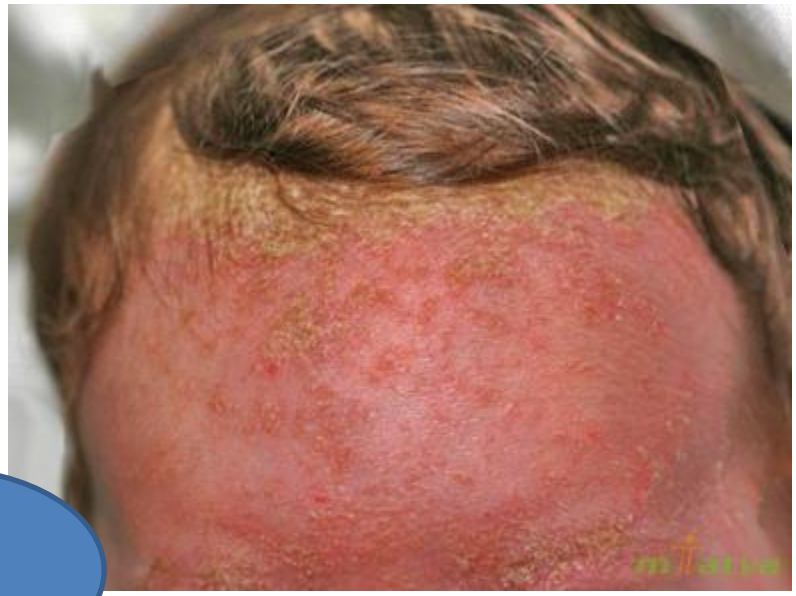
Treatment

- Avoid precipitating agents
- Use lots of emmolients
- Avoid soap
- Topical steroids
- Topical tacrolimus/pimecrolimus

Seborrhoeic dermatitis

Yellow greasy scales on scalp, Nasolabial fold behind the ear

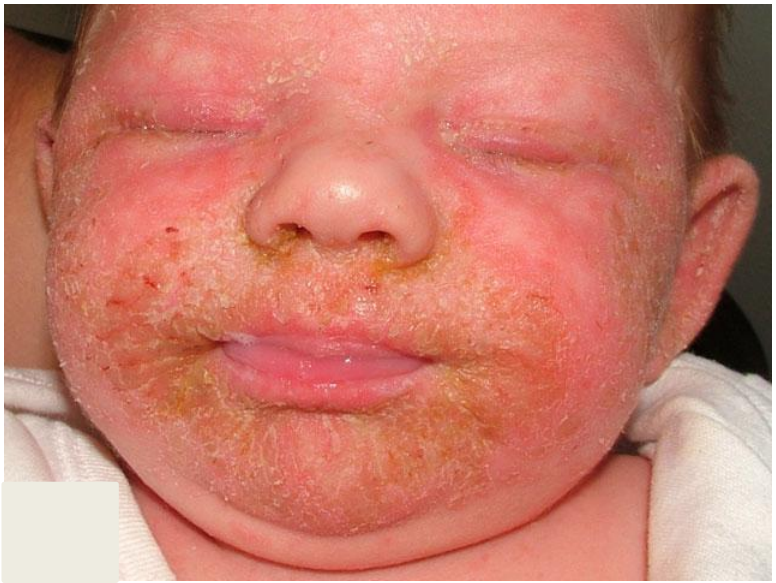




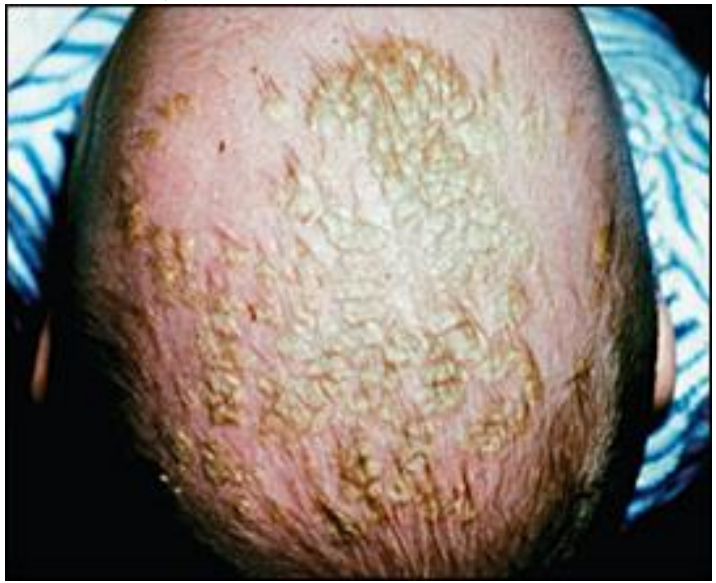
Site

Infantile seborrhoeic dermatitis

Maternal Androgen.



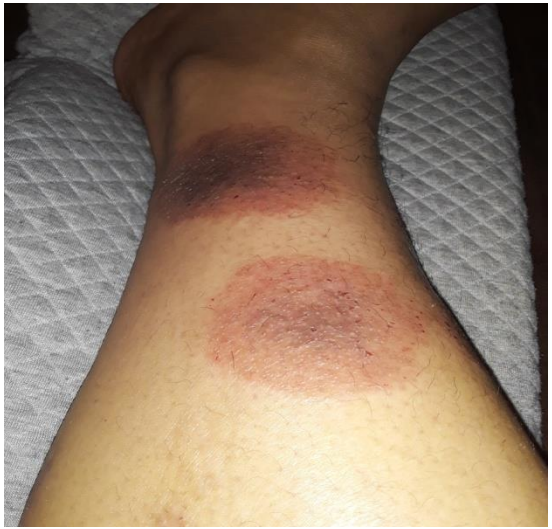
CRADLE CAP

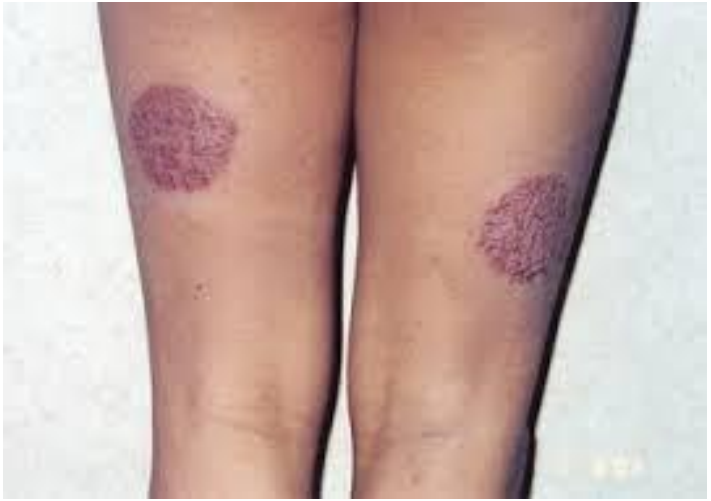


Nummular eczema

or

Discoid eczema





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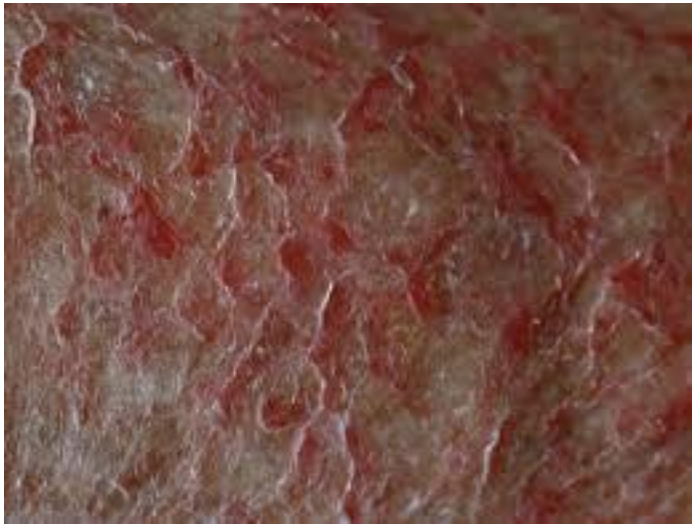
Asteatotic dermatitis

Dermatitis craquelae



OLD AGE

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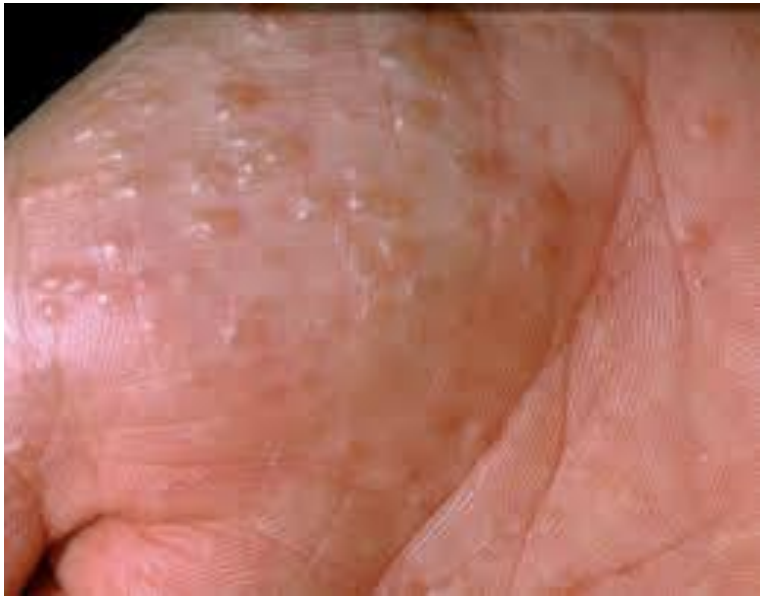
Pompholyx / Dyshidrotic Dermatitis

sago like lesion



Thank you