




Dermatitis

Dermatitis is a broad term which refers to a range of itchy inflammatory skin conditions. It is very common, affecting 20% of the population at some point in their lives, and consequently presents frequently to general practice. 'Rash' and 'skin complaint' are both in the top twenty reasons for encounter to Australian GPs. As with other skin conditions, patients with dermatitis will often have embarked on self-treatment which may alter the presentation. Supervisors can assist their registrars to assess and manage dermatitis by encouraging a systematic and evidence-based approach to diagnosis and management.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Epidemiology of eczema - two peaks, in infancy and older people • Common types of dermatitis seen in general practice – atopic, irritant contact, allergic contact, asteatotic, nummular, seborrhoeic, venous • Acute versus chronic dermatitis • Key clinical features of specific types of dermatitis on history and examination • Indication for investigations, and how to do a skin biopsy • Management options – non-pharmacological (including contributing/exacerbating factors) and medications • Potency of corticosteroid creams and rational use • Use of wet dressings • Indications and referral pathways for refractory cases 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the 'Common skin problems' chapter in Murtagh's General Practice textbook • Review Therapeutic Guidelines chapter on dermatitis 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The terms dermatitis and eczema are often used interchangeably, but eczema refers most commonly to atopic dermatitis • Acute dermatitis is characterised by erythema, oedema, and blistering, while chronic dermatitis is typified by skin thickening and dryness • Combinations and overlap of different types of dermatitis are common • Most children develop atopic dermatitis before the age of two years • Cutaneous drug reactions are an important differential to consider • Always take an occupational history and history of atopy • Atopic dermatitis can be associated with significant ocular complications., including blepharitis, keratoconjunctivitis, keratoconus, cataract and glaucoma • Topical corticosteroids remain the mainstay of therapy – guidance states that they should be applied liberally, not sparingly, until the skin is completely clear • Secondary bacterial infection is very common • Non-pharmacological measures are critical in management - barrier creams, moisturisers, avoid soap • The benefits of topical corticosteroids generally outweigh the harms • Food allergies nearly always cause urticaria, not dermatitis • In high risk newborns, application of a moisturiser may reduce the incidence of atopic dermatitis or delay its onset 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="336 1877 432 1944">Read</td><td data-bbox="432 1877 1489 1944"> <ul style="list-style-type: none"> • DermNet NZ on specific types of dermatitis • 2015 BJGP article What Should General Practice Trainees Learn about Atopic Eczema? • RCH Clinical Guidelines </td></tr> <tr> <td data-bbox="336 1977 432 2011">Listen</td><td data-bbox="432 1977 1489 2011"> <ul style="list-style-type: none"> • The Curbsiders podcast #79: The Dermsiders on Dermatitis: Atopic to Remember </td></tr> </table>	Read	<ul style="list-style-type: none"> • DermNet NZ on specific types of dermatitis • 2015 BJGP article What Should General Practice Trainees Learn about Atopic Eczema? • RCH Clinical Guidelines 	Listen	<ul style="list-style-type: none"> • The Curbsiders podcast #79: The Dermsiders on Dermatitis: Atopic to Remember
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FOLLOW UP/ EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Undertake the DermNet NZ quiz on eczema • Ask the registrar to undertake the clinical reasoning challenge and discuss with supervisor • ASCIA Paediatric atopic dermatitis (eczema) e-training for health professionals 				

Dermatitis

Clinical Reasoning Challenge

Jessie Moore-Georgevski, aged 5, presents to you with her mother Sarah. It is their first time to the practice. Sarah tells you that Jessie has a history of 'atopic dermatitis', diagnosed at the age of 18 months. She has had frequent flares over the past few months and has seen the previous GP on multiple occasions.

QUESTION 1. What other associated atopic conditions should be sought on history? List as many as appropriate.

QUESTION 2. What are the MOST IMPORTANT key features on examination to help confirm the diagnosis of atopic eczema in Jessie? List up to FOUR.

1

2

3

4

QUESTION 3. Your examination supports the diagnosis of atopic eczema. What are the MOST IMPORTANT investigations to perform at this point to confirm your diagnosis? List up to THREE.

1

2

3

QUESTION 4. What are the MOST IMPORTANT broad aspects of management to discuss with Sarah? List up to FOUR.

1

2

3

4

Dermatitis

ANSWERS

QUESTION 1

What other associated atopic conditions should be sought on history?

- Allergic rhinitis
- Asthma
- Urticaria
- Food allergies

QUESTION 2

What are the MOST IMPORTANT key features on examination to help confirm the diagnosis of atopic eczema in Jessie?

- Appearance of rash - red scaly patches
- Lichenification and skin thickening
- Location - flexural involvement, especially antecubital and popliteal fossae
- Generally dry skin

QUESTION 3

Your examination supports the diagnosis of atopic eczema. What are the MOST IMPORTANT investigations to perform at this point to confirm your diagnosis? List up to THREE investigations.

- Nil. In most cases, no specific investigations are required
- Skin prick testing and allergen-specific serum IgE (or RAST testing) have limited roles in the investigation of atopic dermatitis

QUESTION 4

What are the MOST IMPORTANT broad aspects of management to discuss with Sarah?

- Avoid precipitants and aggravating factors (sand, wool, soap, over-bathing, bubble bath etc.)
- Moisturisers/emollients
- Topical corticosteroids – appropriate strength, formulation and dosing
- Early treatment of infection