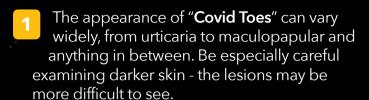
## Dermatology Snippets

Compiled by @DrLindaDykes



Every heard of "Disney Rash"? It's an exercise-induced vasculitis - also known as golfer's/hiker's rash, or golfer's vasculitis. It occurs in sun-exposed skin, at any age (though most commonly in women over 50), after a combination of hot weather, sunlight exposure, and sudden, prolonged periods of walking outdoors. The rash may vary (from petechiae to large red patches) and may or may not itch, burn, tingle or sting. Symptoms self-resolve after about 10 days.

The most common cause of **eyelid dermatitis** is volatile chemical substances in mascara, and sometimes it only affects one side! Next most common? Things on your hands (e.g. nail polish) - we all touch our eyelids frequently without thinking about it.

The dermatologist I heard this from recommends using a topical steroid with sufficient potency to gain control within a week of treatment: using OTC options (i.e. hydrocortisone 1%) results in using it for too long, developing tachyphylaxis, and needing something stronger anyway.

- Red mites (Dermanyssus gallinae) that infest poultry can also bite humans and cause itching and dermatitis. And a <u>case report/</u>
  <u>literature review from Iran</u> mentions cases of red mites causing occupational otitis externa in poultry farmers nice, huh? Other mites can also "bug" people <u>check out this roundup</u>.
- There's an array of different **Severe Cutaneous Adverse Reactions** (to drugs), it's not all Stevens-Johnson syndrome! Two newto-me SCARs I only learned about recently:
- Acute Generalised Exanthematous Pustulosis (AGEP) 90% of cases in adults are provoked by drugs, but viral infections tend to be the trigger in kids. Rash, plus <5mm pustules and fever starts 1-2 days after the culprit drug is given, lasts 1-2 weeks, then desquamates.
- <u>Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)</u> also known as Drug (Induced) Hypersensitivity Syndrome is caused by a delayed T-cell mediated reaction. 2-8 weeks (!) after starting the medication concerned, DRESS kicks off with a fever of 38-40°C (and no, it's *not* sepsis!). Next comes a widespread rash often morbilliform but can vary. There's then an impressive array of possible multi-system problems, from haematological and liver function abnormalities, to lymphadenopathy and more. Mortality is 8% and there are a range of ways to die from it.



Thanks to the Dermatology Department at Hereford County Hospital for their fantastic Grand Round on SCARs, Kim Doughty and other members of the Facebook groups Physician Women Equestrians and One F\*cking Health F\*cking Advice... surely the most fun CPD hours ever!