

Itchy Rashes

- Urticaria
- Eczema (atopic dermatitis)
- Eczema recommendations
- Contact dermatitis
- Poison oak, ivy, sumac
- Heat rash
- Relieving itch
- Topical steroids



Urticaria (hives)

- Very common, lifetime prevalence 20%
- Triggers: infections, medications, foods, insect bites, latex, plants
 - Ibuprofen > acetaminophen
- Round, oval, or serpiginous raised plaques, may coalesce
 - Very itchy
 - Each individual lesion transient, disappears within 24 hours
 - HIVES mnemonic: Heaped, Itchy, Vanishing, Ephemeral, Serpentine
- Rule out [anaphylaxis](#): angioedema, wheezing, hypotension, GI symptoms
- Treatment: self-limited, [itch relief](#)
 - [2nd gen anti-histamine](#) (slide 2 for dosing)
 - [1st gen anti-histamine](#) at night: diphenhydramine, hydroxyzine



Clockwise from top left: hives (urticaria) on trunk, leg, arms and feet.

Eczema (atopic dermatitis)

- Usual onset at < 5yo
- Family or personal history of atopy common
- Dry skin, severely itchy, “the itch that rashes”
- Infants: red, rough, scaly skin on cheeks, extensor extremities, torso, scalp, spares diaper area
- Children / teens: flexural creases, volar wrists and ankles, neck
- Adults: flexural areas, face, neck, hands
- Dyshydrotic (top photo) aka pompholyx: tiny vesicles on hands, feet
- Nummular (2nd photo): coin-sized scaly lesions, may ooze (ddx from ringworm – more lesions, itchier)



<https://www.eczema.life.com/pages/pompholyx-eczema-dyshydrotic>



<https://gladskin.com/blog/resources/types-of-eczema-nummular-eczema>



Treatment recommendations [next slide](#)

<https://commons.wikimedia.org/wiki/File:Dermatitis.jpg>

https://commons.wikimedia.org/wiki/File:Dermatitis_atopica_04.JPG

Eczema Treatment

- No cure, ameliorate with therapy, will flare with triggers
 - “Like asthma of the skin, you have attacks”
- Dry skin regimen: fewer, briefer baths/showers, blot dry afterwards, apply emollient moisturizer liberally
- Apply thick emollient moisturizers at least 2x/day
 - Petroleum jelly, Aquaphor, Cerave, Eucerin, Cetaphil
- Apply [topical steroids](#), start with low potency for face, medium potency for body, thin layer twice daily
- Use fragrance-free products with the [NEA seal of acceptance](#)
 - Unscented is not as good as fragrance-free
 - Cleansers: Cetaphil gentle, Cerave hydrating, Aveeno skin relief, Eucerin eczema relief
 - Detergents: Ivory Snow, Dreft, “Free & Clear” detergents; use “extra rinse” setting
- [Treat itch](#) symptomatically
- Identify and avoid triggers

Contact Dermatitis

- Itchy, scaly, erythematous patches and plaques where an allergen touched the skin
 - May develop vesicles, bullae
- Common allergens: nickel, fragrances, dyes, propylene glycol, latex
- Ask about new lotions, soaps, sunscreens, laundry detergents, clothing, topical medications (neomycin)
- [Topical steroids](#), [anti-itch therapy](#), avoid the trigger if identified



Poison oak, ivy, sumac

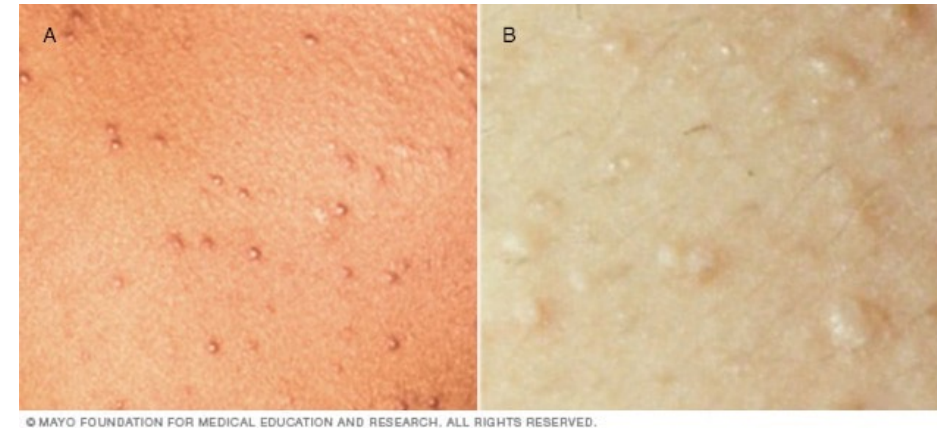
- A form of contact dermatitis to urushiol oil in these plants
 - 75% of the population allergic, 10-15% highly
 - Eastern poison ivy – climbing vines east of the Rockies
 - Western poison ivy – low-growing shrub in and west of the Rockies
 - Poison oak west of the Rockies
 - Poison sumac boggy areas in the SE
- Symptoms start 4-96 hours after exposure
- Intensely itchy papules, plaques, vesicles, bullae, often in linear streaks
 - Urushiol may oxidize → black spots
- Wash any remaining oil off skin (soap + hot water)
- Treat itch, including with oral anti-histamines
- Topical or short oral course corticosteroids may be needed

Leaves of three, let them be



Heat Rash (aka prickly heat)

- Common in neonates
- Eccrine sweat ducts occluded
- Triggers: hot humid environment, over-bundling, fever, exercise
- Miliaria rubra: 2-4mm erythematous papules (left photo)
- Miliaria crystallina: 1-2mm vesicles (right photo)
- Treat underlying cause: cooler environment, loose breathable clothing, antipyretics
 - “Dress your infant in # layers you yourself would be comfortable wearing”
- May use mild topical steroid if excessive inflammation



Itch Symptomatic Treatment

- Cut nails short
- Cool compresses
- Avoid hot baths / showers
- 2nd generation anti-histamines
 - Cetirizine, Loratidine, Fenofexadine
 - [Dosing](#) (2nd slide)
- 1st generation anti-histamines (sedating)
 - Diphenhydramine 12.5mg / 5mL
 - 0.5-1.25 mg/kg/dose q 6 hours, maximum 25-50mg / dose
 - Hydroxyzine 10mg / 5mL
 - 0.5 mg/kg/dose q 6 hours, maximum 25-50mg / dose
- Topical pramoxine for 2yo+
 - Caladryl Clear, Sarna Sensitive
- Topical pramoxine + menthol for 2yo+
 - Sarna, Gold Bond
- Topical diphenhydramine
 - Benadryl
- Topical calamine
 - Aveeno anti-itch, Caladryl
- Colloidal oatmeal bath (e.g. Aveeno)
- Mild OTC topical steroids
 - 1% hydrocortisone

Topical Steroid Potency Comparison



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