

Blotches in the Eye Area

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A 20-year-old male presents with a history of eczema since childhood. He recently experienced a flare-up. Physical examination reveals excoriated and lichenified papules and plaques on his face and trunk.

What is your diagnosis?

Periorbital dermatitis manifest with cutaneous changes typical of eczema elsewhere on the body. In addition, patients may display Dennie Morgan folds. They are prominent skin fold creases below the lower eyelid. They develop secondary to constant friction and rubbing of the eyelids, often leading to lichenification.

Topical therapy consists of regular moisturization and use of mild hydrocortisone preparations. Hydrocortisone creams may be combined with antibiotic powder (e.g., erythromycin) to treat secondary bacterial infections. Patients should be warned that prolonged use of hydrocortisone cream may lead to cutaneous atrophy, steroid rosacea, telangiectasias and glaucoma. Topical calcineurin inhibitors such as pimecrolimus, have a steroid sparing benefit, however, patients should be advised of possible burning sensation and discomfort with initial use.

It is also important to rule out triggering and aggravating factors. The physician should enquire about potential allergic contact sensitizers in patients with chronic, intractable eyelid dermatitis. Cosmetic products such as hairspray, hair dyes, perfumes, as well as nail polish, secondary to hand transfer, may exacerbate the condition. Nickel sensitivity may occur in up to 15% of women, predominantly due to jewellery exposure. Historically, the incidence is lower in men (< 3%), however, this phenomenon is increasing



Figure 1. Blotches in the eye area.

in prevalence due to body piercings. Other potential sources of nickel exposure include eyeglass frame as well as metallic skin care instruments (e.g., eyelash curler, tweezer).

Some patients may be sensitive to antibiotics or preservatives found in ophthalmic solutions. Finally, one should consider airborne allergens such as animal dander, household and occupational chemical sprays. A referral for skin patch testing may be of help in recalcitrant cases.

Patients with atopic dermatitis also tend to have a higher frequency of various skin infections. Kaposi varicelliform eruption also known as eczema herpeticum is a severe form of herpes simplex infection with widespread dissemination of cutaneous lesions. In addition, secondary bacterial infection with *Staphylococcus aureus* or *Streptococcus pyogenes* is common. Finally, urticaria, latex allergy and severe anaphylactic reactions to food (most commonly to peanut, milk and seafood) are more commonly encountered in atopic patients.

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