Nick's Neck

Benjamin Barankin, MD, FRCPC

Meet Nick

- Nick is a 32-year-old, black male with several itchy, and occasionally sore, firm papules at the back of his neck. No other lesions are present on his body
- Nick had some mild teenage acne and dry skin issues
- He has no family history of skin conditions
- He currently takes vitamins
- He doesn't take any prescription medications

What is your diagnosis?

a) Psoriasis
b) Lichen planus
c) Acne keloidalis nuchae
d) Folliculitis
e) Verruca vulgaris

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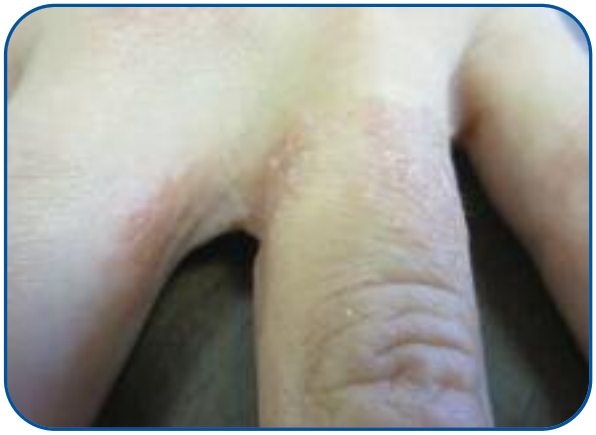
See page 2 for the answer to last month's case

Here is the answer to last month's case

Meet Heloise

- Heloise is a 44-year-old female who occasionally gets an itchy, red rash on her left hand. The rash appears regardless of whether she wears gloves while washing dishes
- She has a history of dry skin, but she is otherwise very fit and drinks plenty of water
- The condition is present during both the summer and winter
- Heloise uses occasional puffers for her mild asthma



What is your diagnosis?

a) Irritant contact dermatitis
b) Dyshidrotic eczema
c) Psoriasis
d) Allergic contact dermatitis
e) Intertrigo

Answer: D

Heloise has allergic contact dermatitis caused by a nickel allergy **(answer d)**. Allergic contact dermatitis (ACD) is a pruritic skin condition that occurs due to an allergic reaction to a material that has come in contact with the skin. Only small quantities of the allergen are necessary to induce a reaction. It typically arises hours to days after contact, and it can settle down several days after initial contact with the offending agent. This differs from contact urticaria, which has a much more rapid onset and arises within minutes of exposure. ACD should be distinguished from irritant contact dermatitis that is caused by contact with irritants, most notably water, soaps, detergents, solvents, and friction. ACD can affect anyone, especially people who do wet work or who have a history of atopic dermatitis. The first contact does not result in an allergic reaction. In fact, repeated exposure over several years can sensitize and ultimately lead to ACD (*e.g.*, people often complain "but I've always used this/worn that, and I've never had a problem").

Allergic contact dermatitis is typically confined to the site of contact, although severe or untreated cases can become generalized (often termed an "id reaction"). Other times, allergens are transmitted from fingers to the eyelids or elsewhere. Affected skin will become erythematous, edematous, papular, and sometimes vesicular. Common causes of ACD include nickel, preservatives, topical antibiotics, adhesives, dyes, and fragrances. Diagnosis is based on clinical judgment and can be confirmed by patch testing (not skin prick testing). Identifying the trigger and having patients avoid it is one way of managing ACD. Emollients are helpful, but often potent topical steroids are required. Occasionally, topical calcineurin inhibitors and oral antihistamines are used. For a more generalized eruption, a short course of prednisone may be required.

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Congratulations
to our winner for the month of November/December 2012
Dr. Donald M. Westby
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