



Itchy Feet

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A 42-year-old female with diabetes mellitus (Type 2) presents with a pruritic plaque on the dorsum of both her feet (Figure 1) during the summer. There is no rash elsewhere. She has worn the same leather shoes for years with no problems. She has no personal or family history of skin disease. She takes no medications and has no drug allergies.

1. What is the most likely diagnosis?

- a) Allergic contact dermatitis
- b) Psoriasis
- c) Tinea corporis
- d) Dyshidrotic eczema
- e) Irritant contact dermatitis

2. What is the most likely cause?

- a) Shoe leather
- b) Atopic diathesis
- c) Trichophyton rubrum
- d) Too much washing with abrasive soaps
- e) Photosensitivity

3. How would you manage her condition?

- a) Watchful waiting since it is harmless
- b) Liquid nitrogen cryotherapy
- c) Potent topical corticosteroids
- d) Topical antifungal
- e) None of the above

Shoe dermatitis is a form of contact dermatitis due to different chemicals, in conjunction with a hot and humid environment inside the shoe, giving rise to allergic or irritant dermatitis. Allergic shoe dermatitis is commonly caused by constituents of rubber, leather, adhesives and rarely by linings and dyes.

In this case, the potassium dichromate in the



Figure 1. Pruritic plaque on the dorsum of the patients feet.

patient's leather shoes was the cause of her pruritic eczematous plaques.

Patch testing may be useful to identify the specific cause of the contact dermatitis. Treatment includes potent topical steroids (e.g., Class I or II) applied once- to twice-daily for 10 to 14 days or until the rash clears and the allergen should be avoided in the future. **Dx**

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Answers: 1-a ; 2-a ; 3-c