



“My legs are so dry and itchy!”

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A 51-year-old male from India presents with dry pruritic areas on his legs since the late fall. He is a construction worker who bathes daily, but does not moisturize. He has no history of skin problems. He has Type 2 diabetes for which he is on metformin.



1. What is the most likely diagnosis?

- Psoriasis
- Xerosis
- Lichen simplex chronicus
- Contact dermatitis
- Stasis dermatitis

2. What are some of the causes of this problem?

- Scalding hot baths/showers
- Winter weather
- Skin does not secrete as much sebum when older
- Low environmental humidity
- All of the above

3. What management should be suggested?

- Reduce temperature of baths
- Moisturize with a thick cream or ointment
- Use a humidifier in the bedroom
- Avoid soap on the affected areas
- All of the above

Xerosis was first described approximately 100 years ago and has also been termed asteatotic dermatitis. Clinical features include pruritic, dry and often fissured skin with irregular scaling. The shins are most commonly affected and less commonly are the hands and trunk. Older age is

a predisposing factor (reduced sebaceous and sweat gland activity), as are prolonged hot baths, use of irritating soaps, lack of external moisturizing/dehydration, low environmental humidity and malnutrition. If pruritus and scratching persists for too long, eczema will develop.

Late fall and winter are common for presentation as indoor humidity is decreased by heating. Although xerosis can occur at any age, the elderly are most often affected. Older men are more commonly affected than women, likely due to a lack of moisturizing after bathing.

Patients are encouraged to increase humidity in their homes and particularly in their bedrooms (separate humidifier). As well, bath temperature should be reduced, soaps replaced by cleansers, followed by pat-drying with a soft towel and finally application of thick creams or ointments. Lotions, which typically come in a pump-bottle, are inadequate as they contain too much water and are insufficient for dry or eczematous skin. If chronic, xerosis may develop into eczema and require treatment with topical steroids or calcineurin inhibitors (e.g., tacrolimus).



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Answers: 1-b; 2-e; 3-e