What you need to know about...

POMPHOLYX ECZEMA

The sole of a foot affected by pompholyx, an acute form of eczema

WHAT IS IT?
- Pompholyx eczema is a distinctive form of eczema that affects the fingers, the palms of the hands, and the toes and soles of the feet.
- It is also known as dyshidrotic or vesicular eczema.

EPIDEMIOLOGY
- It is most often seen in 20 to 40-year-olds and occurs slightly more often in women than men.
- It accounts for approximately six per cent of hand dermatitis cases (Pillinger, 2003).

CAUSES
- The first attack is often triggered by hot weather in late spring or summer, or by intense emotions such as grief or stress.
- It is aggravated by irritants such as detergents and solvents and some patients with pompholyx eczema are allergic to nickel.
- Sometimes excessive washing or the use of detergents or chemicals without proper protection can irritate the hands and trigger an attack.

SYMPTOMS
- The first stage is characterised by tiny vesicles or blisters that are deep in the skin of the hands or feet.
- The deep-set vesicles develop rapidly, and are accompanied by intense itching.
- The vesicles are most commonly seen along the edges of the fingers, toes, palms and soles.
- Very small vesicles are the most common, although they may coalesce to form larger vesicles or bullae.
- Due to the thickness of the epidermis of the palms and soles, these vesicles often appear pearly white in colour.
- The vesicles contain clear fluid and usually subside without rupturing, although occasionally they can burst and discharge fluid.
- The vesicular stage usually lasts for 1-2 weeks and it is then followed by a dry, desquamating phase in which the skin can peel, crack or crust. At this point the itching sensation has significantly reduced.

TREATMENT
- Various treatment options are available – their selection depends on the stage of the disease.
- Cool compresses using weak solutions of potassium permanganate, aluminium acetate or vinegar in water applied for 15 minutes four times a day will dry up blisters.
- Emollients, such as dimethicone barrier cream, should be applied frequently.
- Topical steroids can be applied to the affected areas each night to help reduce inflammation and itching. They should be used when the skin is blistered or weeping.
- Antibiotics, such as flucloxacillin, are used in the treatment of any secondary infections.
- Severe cases can be treated with systemic steroids.

DIFFERENTIAL DIAGNOSIS
Pompholyx eczema is a straightforward condition to diagnose, but care should be taken not to confuse it with the following common conditions:
- Fungal infection;
- Contact dermatitis;
- Pustular psoriasis.

NURSING IMPLICATIONS
- The intense itching associated with pompholyx eczema causes significant distress.
- Denudation of the fingers and palms, from regular eruptions on the hands, can make simple daily activities such as cutting vegetables, peeling fruit or handling paper a major problem.
- Pronounced eruptions on the feet can lead to problems in walking or an inability to walk.

REFERENCES

WEBSITES
Information and support service for eczema sufferers and their families: www.talkeczema.com
Information on treatment: www.ubht.nhs.uk/ederm/guidelines/eczema.htm