

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/chronic-vs-atopic-hand-eczema-key-differences/56996/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Chronic vs Atopic Hand Eczema: Recognizing the Key Differences

Announcer:

This is *DermConsult* on ReachMD. On this episode, Mr. Henry Yu joins us to talk about how we can distinguish chronic hand eczema from atopic hand eczema. Mr. Yu is a dermatology surgical physician assistant at West Derm Center in New York. Let's hear from him now.

Mr. Yu:

Chronic hand eczema is very distinctly different from atopic hand eczema. We understand that patients with hand eczema are Th2 driven, so therapies targeting IL-13, IL-4, and even potentially IL-31 can handle and treat a patient with hand eczema. But CHE is much more heterogeneous. It's not just a Th2 issue; it's Th1, Th17, and there are so many more complex cells at play. So I think it's important for us to distinguish those two different conditions.

Hand eczema patients typically present with eczema on other parts of the body, not just on their hands. It's an add-on additional site they have. So these patients certainly have a history of atopic dermatitis in their family. They've also had AD for a long period of time. Their atopic dermatitis is itchier at nighttime as well. CHE is more bothersome when patients are in contact with their allergens, maybe at work. And itch is not the number one complaint they may have; sometimes it's pain. So it's important for us to distinguish these two conditions separately as they don't just appear differently, but also the pathophysiology that causes the disease is different too.

So I think part of the clue is that the patient has to be a good historian, right? You have to listen to the patients and not just go in and just look at their hands because sometimes, looking at the hands is really not enough because you have different presentations, right? You have the hyperkeratotic type, dyshidrotic type, and vesicular type; they present heterogeneously too.

So part of the treatment is really listening to the patient and asking them questions: Did this condition start when they started a new occupation? Is this more prominent when they're at work? And you want to listen to what they do for work as well. You just don't want to go in and look at their hands and say, "Hey, patient Jane Smith, I'm going to give you this drug just because I saw your hands." You would need to dive into the patient's history and also treatment failures, right? You're not the first provider they've seen; they've probably seen other providers who may not have listened to them and were just kind of like, "Oh, you know what? You have eczema. We're just going to put you on corticosteroids," and never really listened to the whole story of the patient.

So I think part of the treatment is really listening to the history the patient's telling you and also any failures in the treatments they've tried.

Announcer:

That was Mr. Henry Yu talking about distinguishing chronic hand eczema from atopic hand eczema. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!