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/managing-dermatitis-during-pregnancy-underlying-mechanisms-and-best-practices/29443/

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Managing Dermatitis During Pregnancy: Underlying Mechanisms and Best Practices

Announcer:
You're listening to *DermConsult* on ReachMD. On this episode, Dr. Jennifer Murase will discuss atopic dermatitis during pregnancy, which she recently spoke about at the 2024 Elevate-Derm Conference. Dr. Murase is the Founder and Chair of the American Academy of Dermatology Women's Health Expert Resource Group and also serves as the Co-Editor in Chief of the International Journal of Women's Dermatology. Let's hear from Dr. Murase now.

Dr. Murase:
In November 2024, I spoke at the Elevate-Derm Conference regarding the dermatoses of pregnancy and how we manage different forms of dermatitis for pregnant women, and atopic dermatitis was one of the diagnoses that I spoke about. The largest study of the dermatoses of pregnancy actually found that atopic eruption of pregnancy was the most common form of dermatitis in pregnancy and also that it was the first onset of adult atopic dermatitis in about 80 percent of patients.

There are three other pregnancy dermatoses that are generally accepted, so those would include what is called a polymorphic eruption of pregnancy, or PEP. And there are also more rare but very important dermatoses of pregnancy to recognize because of the fact that there are health implications to the fetus, and so that would include intrahepatic cholestasis of pregnancy, where it's important to do a bile acid level, as well as herpes gestationis, also referred to as pemphigoid gestationis, which is a blistering disease that is autoimmune related.

When I am in the clinic describing how dermatitis can form in pregnancy and how it can be aggravated in pregnancy, what I will do is I will create a yin yang for the patient where I place TH1 and TH17 on one side of my yin yang, and I'll place TH2 on the other side of the yin yang. So I'll describe that the TH1 immunity is our cell-mediated immunity, and that will fight intracellular organisms. And then there's TH2, which will be the allergic arm of the immune system on the other side. The TH17 I place on the same side of TH1 given that our T regulatory cells help with extracellular pathogens, such as fungus and bacteria. Because the fetus is half of the father, there is a cytokine shift that is actually due to estrogen at the level of the placenta that must occur; otherwise, the fetus does abort. So there's a shift to become more TH2 dominant and to lower the cell-mediated immunity, and this is why conditions that are allergic-driven, such as atopic dermatitis, tend to be more prominent during pregnancy because there's a shift to become more TH2 dominant.

In terms of specific risk factors or triggers that can increase the likelihood of developing atopic dermatitis in pregnancy, because it is a condition that tends to be the first onset of adult atopic dermatitis, often the patient will have a past history of atopic dermatitis or asthma in childhood. So I often ask about personal history of allergies and asthma and hay fever, particularly in childhood. I will ask what country they grew up in because if they grew up in an area that is more humid, then their childhood atopic dermatitis may have been masked, whereas if they go to a more arid climate like where I practice in Northern California, then what will happen is that they'll develop this adult-onset atopic dermatitis without past history of personal atopic dermatitis in childhood. I will also ask about family members who have adult atopic dermatitis or asthma or hay fever given the fact that it is something that is genetically inherited to have this predisposition for atopy.

In terms of ways that patients can mitigate any triggers, it's really just good skin care practices, making sure that they're using soap primarily in the armpits and groin, that they're not applying soap or body wash over their whole body, and that they moisturize very regularly and make sure that their skin barrier is as healthy as possible by coating the skin and protecting it with the skin barrier creams. Lotions have a lot of water in them. They tend to be more drying. And creams are thicker. Ointments are the strongest moisturizer, so I'll have them use a thicker cream in the morning and an ointment at night, particularly in areas that were predisposed to the skin drying

and the barrier being compromised.

Announcer:
That was Dr. Jennifer Murase talking about atopic dermatitis during pregnancy. 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!