

Lecture:12
Semester:2

Skin disorder
Dermatitis

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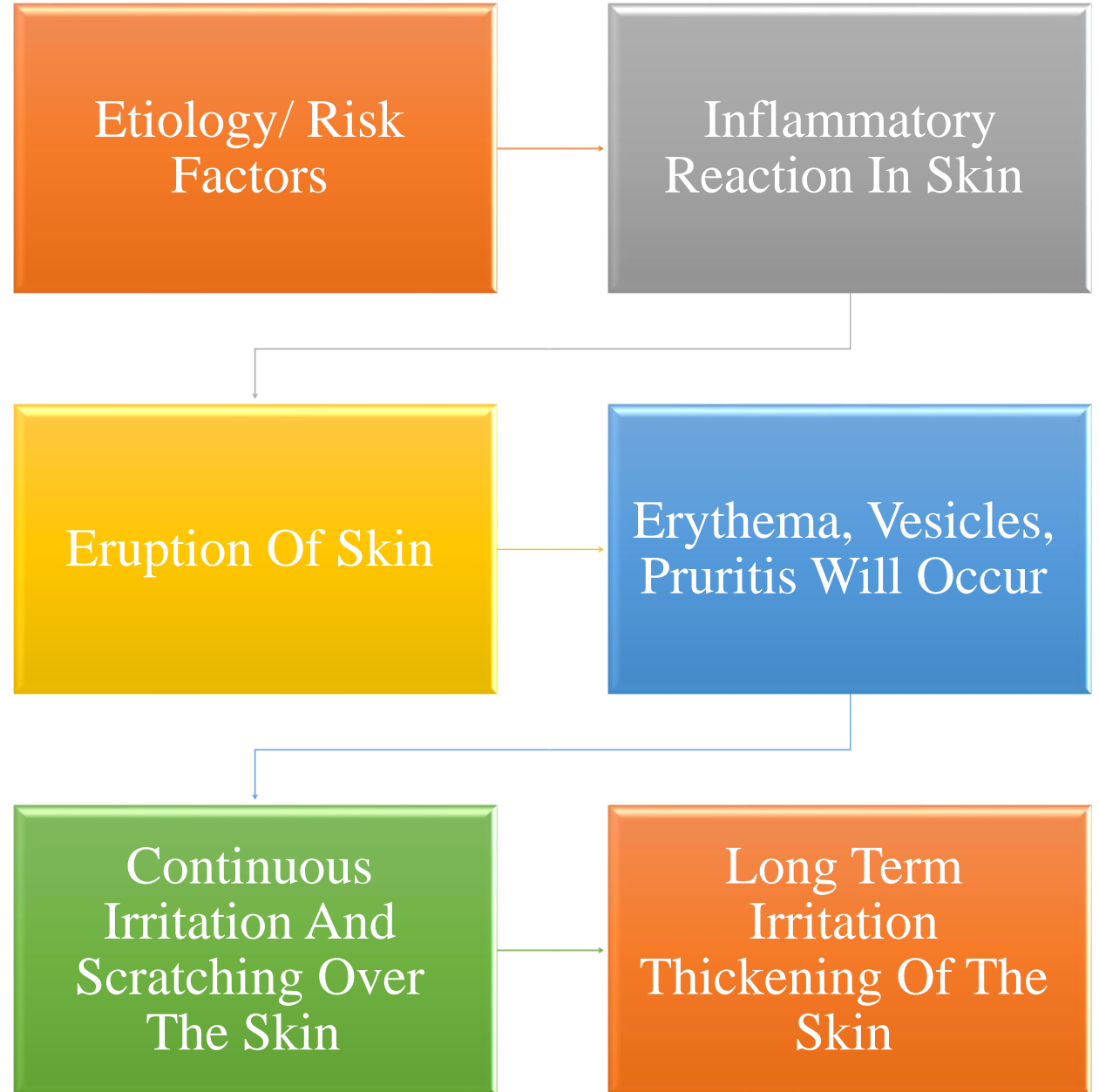
Al-Mustaqbal University College
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2nd Class
Adult Nursing

Dermatitis

- is inflammation of the skin and is characterized by itching, redness, and skin lesions, with varying borders and distribution patterns.
- Dermatitis can be caused by exposure to **allergens** or **irritants**, by **heredity**, or by **emotional stress**.

Pathophysiology

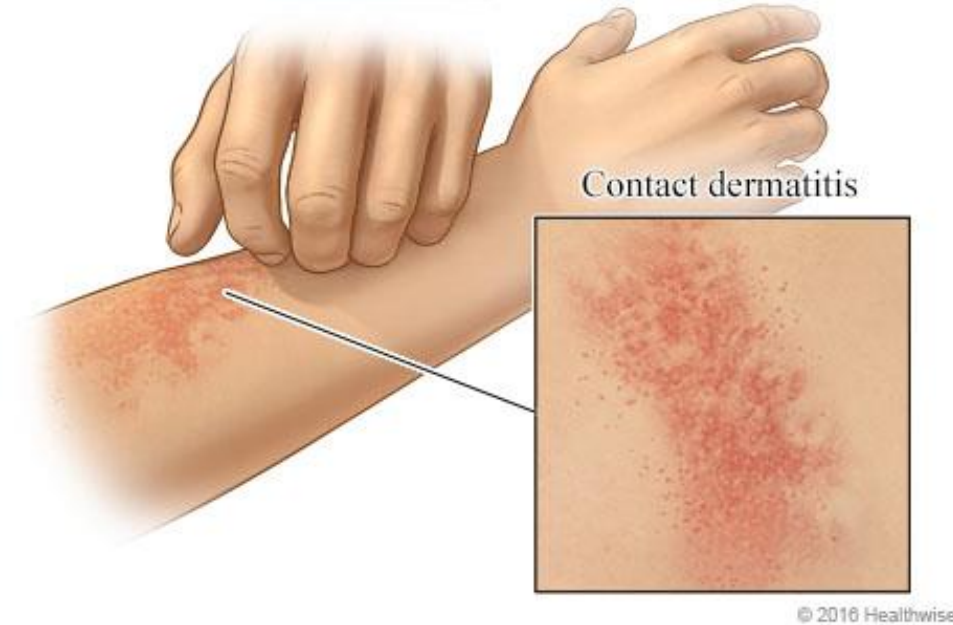
❄️ Dermatology Skin lesions ❄️



Types of Dermatitis:

1-Contact dermatitis:

- is an inflammatory reaction of the skin(epidermis) to physical, chemical, or biologic agents.
- Contact dermatitis may be of
 - **the primary irritant type**, in which a nonallergic reaction results from exposure to an irritating substance,
 - or it may **be allergic** (ie, allergic contact dermatitis), resulting from exposure of sensitized people to contact allergens



Clinical Manifestations

ACUTE PHASE

- Erythema
- Itching
- Burning sensation over the affected area
- Edema
- Formation of vesicles
- Oozing from the wound

SUB ACUTE PHASE

- Crusting
- Drying
- Fissuring (formation of fissures)
- Skin peeling

CHRONIC PHASE

- Hyper/hypo pigmentation
- Skin become thick
- Secondary infection will occur

2-Atopic Dermatitis:



- Chronic inherited condition; may be associated with respiratory allergies or asthma; can vary between bright red maculas, papules, oozing, lichenified, and hyper pigmented areas.
- It's common in children but can occur at any age.

Clinical Manifestations

- Dry skin
- Itching, which may be severe, especially at night
- Red to brownish-gray patches, especially on the hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees, and in infants, the face and scalp
- Small, raised bumps, which may leak fluid and crust over when scratched
- Thickened, cracked, scaly skin
- Raw, sensitive, swollen skin from scratching

3-Seborrheic dermatitis

- **seborrhea** is excessive production of sebaceous secretions; found sebaceous glands (scalp, face, axilla., genitocrural areas) and where there are folds of skin
- **Seborrheic dermatitis** is a chronic inflammatory disease of the skin with a predilection for areas that are well supplied with sebaceous glands or lie between skin folds, where the bacteria count is high.



Clinical Manifestations

- Two forms of seborrheic dermatoses can occur,
- **The oily form** appears moist or greasy.
- There may be patches of sallow, greasy skin, with or without scaling, and slight erythema (ie, redness),
- **The dry form**, consisting of flaky desquamation of the scalp with a profuse amount of fine, powdery scales, is commonly called dandruff.

4-Exfoliative Dermatitis



- is a serious condition characterized by progressive inflammation in which erythema and scaling occur in a more or less generalized distribution.
- There is a profound loss of stratum corneum (ie, outermost layer of the skin), which causes capillary leakage, hypoproteinemia, and negative nitrogen balance.
- Because of widespread dilation of cutaneous vessels, large amounts of body heat are lost,
- exfoliative dermatitis has a marked effect on the entire body.

Clinical Manifestations

- generalized erythematous eruption accompanied by **fever, malaise,** and occasionally gastrointestinal symptoms.
- The skin color changes from **pink to dark red.**
- the characteristic exfoliation (ie, scaling) begins, usually in the form of thin flakes
- Hair loss may accompany this disorder.
- The systemic effects include **high-output heart failure, intestinal disturbances, breast enlargement, and temperature disturbances.**

Causes and Risk factors

- soaps, detergents, scouring compounds, and industrial chemicals.
- genetic predisposition.
- Hormones,
- nutritional status,
- infection
- reaction to many medications, including penicillin
- emotional stress influence its course.
- extremes of heat and cold and a preexisting skin disease

Medical Management

- ✓ The patient may be hospitalized and placed on bed rest.
- ✓ All medications that may be implicated are discontinued.
- ✓ A comfortable room temperature should be maintained
- ✓ Fluid and electrolyte balance must be maintained because there is considerable water and protein loss from the skin surface.
- ✓ Plasma volume expanders may be indicated.
- ✓ Medicated prescribed (systemic corticosteroids may be prescribed)
- ✓ dandruff treatment by frequent shampooing with medicated

Nursing Management

- ✓ A detailed history is obtained
- ✓ advised the patient to avoid external irritants, excessive heat, and perspiration; rubbing and scratching prolong the disorder.
- ✓ air the skin and keep skin folds clean and dry.
- ✓ Instructions for using medicated shampoos are reinforced
- ✓ Cool, wet dressings also are applied over small areas of vesicular dermatitis
- ✓ A thin layer of cream or ointment containing a corticosteroid then may be used.

NSG.1

impaired skin integrity related contact with irritants or allergens

- ✓ Assess skin, noting color, moisture, texture, temperature; note erythema, edema, tenderness.
- ✓ Assess skin for lesions.
- ✓ Inquire about recent changes in use of products such as soaps, laundry products, cosmetics.
- ✓ Bathe or shower using lukewarm water and mild soap or non soap cleansers.
- ✓ After bathing, allow the skin to air dry or gently pat the skin dry. Avoid rubbing or brisk drying.
- ✓ Apply topical lubricants immediately after bathing.
- ✓ Apply topical steroid creams or ointments.
- ✓ Encourage the patient to avoid aggravating factors.

NSG.2

disturbed body image related visible skin lesions

- ✓ Assess the patient's perception of changed appearance.
- ✓ Assess the patient's behavior related to appearance.
- ✓ Allow patients to verbalize feelings regarding their skin condition.
- ✓ Assist patients in identifying ways to enhance their appearance.



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