

Abstract

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Healthy hands: successful strategies for daily routine

Hand eczemas are widely spread among health professionals and are often not taken seriously enough – also from those concerned.

Diagnostically, there are three types, irritant (subtoxic-cumulative), allergic and atopic hand eczemas, with hybrid forms occurring frequently. Accurate diagnoses can often only be made by physicians experienced in occupational dermatology. Just as varied as the causes are the clinical features, ranging from redness, oedemas and scaling to vesicles and hyperkeratosis (excessive cornification) with rhagades.

Recent studies suggest that chronic hand eczemas may be caused by epidermal barrier disorders: the skin's protective barrier is damaged, for example, by genetic defects or chronic exposure to water and irritants.

In health professions, there is a greater risk of a permanent contact to skin-damaging substances. Here, the focus is on wet work such as the use of gloves and handwashing. But also exposure to medicines/drug substances may lead to skin irritation and contact allergies.

Permanent wet work causes the corneal layer to swell. Keratinocytes are released, the skin's own lipids are withdrawn. The result is an increased transepidermal water loss (TEWL). The corneal layer becomes more permeable to allergens, infectious microorganisms, and damaging substances.

Basic care and behavioural changes can reduce the risk considerably. Risk factors should be avoided consistently, for example, by disinfecting hands instead of washing them, exchanging gloves frequently and applying skincare creams regularly.



Studies have shown that using skincare products several times a day can considerably reduce the risk of skin irritation.

Even with an existing occupational contact dermatitis this procedure, commonly known as “dermatologist's procedure” in Germany, can help retain people in their profession. Particularly for those working in health care this early intervention of the insurers achieves good results.

But a success requires rethinking: medical personnel often trivialise their skin diseases. But they should consult a dermatologist or company physician as soon as first skin changes occur. Diagnosis and therapy are based on the S3 guidelines on the management of hand eczema providing a step-by-step approach.

In case an occupational skin disease is confirmed, the “dermatologist’s procedure” can be initiated via the accident insurer. Depending on the severity of the disease, this intervention may range from individual guidance on skin protection, outpatient seminars to inpatient therapies.

When the therapeutic goal is achieved, it is imperative to continue basic skin care and consistently avoid noxious substances to prevent relapses during occupational rehabilitation. In any case: the better the prevention and the earlier the therapy starts, the better the chances of complete healing.