

Chronic Hand Eczema Medical Report

Patient Information:

| | |
|----------------|------------------|
| Patient Name: | Gender: |
| Date of Birth: | Assessment Date: |

Diagnosis: (Condition & Severity)

History: Onset and duration of the condition and when it was diagnosed. Kindly provide (current signs and symptoms, duration and course of disease, exacerbations and remissions, personal history of AD, previous and concurrent skin or systemic diseases, and regular use of medications).

Current & Previous scores:

| | Current | Previous | Reference range ¹⁻³ |
|--|---------|----------|--|
| PGA (Physician Global Assessment)¹ | | | Clear: 0 Almost Clear: 1 Mild: 2 Moderate: 3 Severe: 4 |
| DLQI³ (Dermatological Life Quality Index) For use only in adults aged 16 years and above | | | 0 – 1 no effect at all 2 – 5 small effect (mild) 6 – 10 moderate effect (moderate) 11 – 20 very large effect (severe) 21 – 30 extremely large effect (very severe) |

List of previous conservative management:

(History of previous management done, indicating which medication duration and response)

Topical treatment, Immunosuppressants...

| Medication Name | Duration of use | Response/ or failure of therapy |
|-----------------|-----------------|---------------------------------|
| | | |
| | | |
| | | |

Plan of Treatment:

What is the Plan of treatment indicating the dose, duration and frequency of administration?
 What are Dr's expectation from the treatment (better PGA score, and DLQI)

Dr. Name: **Date:**

Dr. Signature: **Dr. Stamp:**

References:

1. Ruzicka, T., Lynde, C. W., Jemec, G. B., Diepgen, T., Berth-Jones, J., Coenraads, P. J., Kaszuba, A., Bissonnette, R., Varjonen, E., Holló, P., Cambazard, F., Lahfa, M., Elsner, P., Nyberg, F., Svensson, A., Brown, T. C., Harsch, M., & Maares, J. (2008). Efficacy and safety of oral alitretinoin (9-cis retinoic acid) in patients with severe chronic hand eczema refractory to topical corticosteroids: results of a randomized, double-blind, placebo-controlled, multicentre trial. *The British journal of dermatology*, 158(4), 808–817. <https://doi.org/10.1111/j.1365-2133.2008.08487.x>
2. Worm, M., Thyssen, J. P., Schliemann, S., Bauer, A., Shi, V. Y., Ehst, B., Tillmann, S., Korn, S., Resen, K., & Agner, T. (2022). The pan-JAK inhibitor delgocitinib in a cream formulation demonstrates dose response in chronic hand eczema in a 16-week randomized phase IIb trial. *The British journal of dermatology*, 187(1), 42–51. <https://doi.org/10.1111/bjd.21037>.
3. Dermatological Life Quality Index (DLQI) score. (© AY Finlay, GK Khan, April 1992; www.dermatology.org.uk (<http://www.dermatology.org.uk>))

Chronic Hand Eczema Medical Guidelines⁴

(Summary of ESCD Guidelines for diagnosis, prevention, and treatment of hand eczema, 2022)

Definition : Hand Eczema (HE), is inflammatory skin disease that strongly impacts the quality of life and occupational performance of affected individuals. HE should be considered an umbrella term as it covers different aetiologies and morphologies. **Chronic HE (CHE)** refers to Hand Eczema that lasts for more than 3 months or relapses twice or more often per year. The most 2 common symptoms are itch & pain.

Prevalence:

HE is a common skin disease with a 1-year prevalence of at least 9.1% in the general population (6.4% in men and 10.5% in women), including mild as well as severe cases. An incidence of 5.5 cases per 1000 person-years was found in adults, with a higher median incidence rate among women (9.6, range 4.6–11.4) than among men (4.0, range 1.4–7.4).

Risk factors:

Atopic dermatitis, Low age at onset of hand eczema, Filaggrin gene mutations, Contact allergy , Wet work , Cold/dry weather conditions and decreased indoor humidity Tobacco use, Lower educational level and Stress.

MEDICAL HISTORY, EXAMINATIONS AND DIAGNOSTIC PROCEDURES

1. Medical history and clinical examination:

The medical history should be taken by a structured interview and contain detailed information on the current signs and symptoms, duration and course of disease, exacerbations and remissions, personal and family history of AD, previous and concurrent skin or systemic diseases, regular use of medications, and smoking habits.

2. Epicutaneous patch testing & Skin prick tests:

Recommended to be performed in all patients with HE of more than 3 months' duration or who are non-responsive to adequate treatment aiming to identify type of exogenous factors triggering CHE.

Classifications

| Chronic Hand Eczema subtypes | | | | | | | |
|------------------------------|-----------------------------|--------------------|----------------------------|-------------------|------------------------------|-------------|----------|
| Aetiological subtypes | | | | Clinical subtypes | | | |
| Irritant contact dermatitis | Allergic contact dermatitis | Atopic hand eczema | Protein contact dermatitis | Hyperkeratotic HE | Acute recurrent vesicular HE | Nummular HE | Pulpitis |

TREATMENT (Step approach Based of Severity)

DRY SKIN ONLY: Personal protective equipment (PPE)

MILD CHE: Basic skin care + TCS

GOALS OF THERAPY

1. Moist the hands
2. Barriers against triggers

INFECTION COMPLICATIONS (bacterial) Topical/systemic antibiotic

TCS should not be used for long-term. TCI is approved only in Atopic HE.

MODERATE/SEVERE CHE:

1. Basic Skin Care + TCS.
2. Delgocitinib Cream if **refractory** to TCS. (After approval)
3. systemic agent if **refractory** to topical therapy

Reference;

4. Thyssen, J. P., Schuttelaar, M. L. A., Alfonso, J. H., Andersen, K. E., Angelova-Fischer, I., Arents, B. W. M., Bauer, A., Brans, R., Cannavo, A., Christoffers, W. A., Crépy, M. N., Elsner, P., Fartasch, M., Filon, F. L., Giménez-Arnau, A. M., Gonçalves, M., Guzmán-Perera, M. G., Hamann, C. R., Hoetzenecker, W., Johansen, J. D., ... Agner, T. (2022). Guidelines for diagnosis, prevention, and treatment of hand eczema. *Contact dermatitis*, 86(5), 357–378. <https://doi.org/10.1111/cod.14035>