

Chronic Hand Eczema Medical Report

Patient Information:

Patient Name:		Gender:			
Date of Birth:		Assessment Date:			
Diagnosis: (Condition & Se	verity)				
	I course of disea	ase, exacerbation	s diagnosed. Kindly provide (current signs ns and remissions, personal history of AD, ular use of medications).		
Current & Previous scores		Description	Defenses non no 1.3		
PGA (Physician Global	Current	Previous	Reference range 1-3 Clear: 0		
Assessment) ¹			Almost Clear:1		
			Mild: 2 Moderate: 3		
			Severe: 4		
DLQI ³			0 – 1 no effect at all		
(Dermatological Life Quality Index)			2 – 5 small effect (mild) 6 – 10 moderate effect (moderate)		
For use only in adults			11 – 20 very large effect (severe)		
aged 16 years and above			21 – 30 extremely large effect (very		
			severe)		
ist of previous conservat	ive manageme	nt·			
•	_		disation describes and assessed		
, ,	·	cating which me	dication duration and response)		
Topical treatment, Immunos	uppressants				
Medication Name	Duration	on of use	Response/ or failure of therap		
Plan of Treatment:					
What is the Plan of treatmen	nt indicating the	dose duration a	nd frequency of administration?		
What are Dr's expectation fr					

Dr. Signature: Dr. Stamp:

References:

- 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
- 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 Ilb trial. The British journal of dermatology, 187(1), 42–51. https://doi.org/10.1111/bjd.21037.
- 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

(Summery 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.

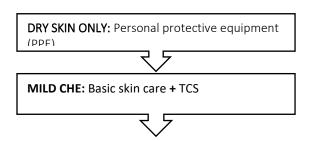
2. Epicutaneous patch testing & Skin prick tests:

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)



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:

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

Reference;