Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

Contact dermatitis and hand eczema
the cause is usually findable — and often at work

Hand eczema is common, painful and disproportionately disabling — cracked, bleeding hands affect every task of the day. Most is irritant rather than allergic, most is occupational, and most improves substantially once the cause is identified and the skin barrier is properly restored.

Seek prompt assessment if there is

- **spreading redness, heat, pus or fever**
- **clusters of small painful blisters** or punched-out sores — possible herpes infection of eczema
- **severe cracking with bleeding** preventing you working or caring for yourself
- a rash that appeared after a **new medicine**, with fever or feeling unwell
- **sudden severe swelling** of the hands or face after contact with something

Eczema herpeticum spreads rapidly and needs urgent antiviral treatment. A widespread rash with fever after starting a medicine needs same-day assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Two mechanisms

- **Irritant contact dermatitis** — around 80% of cases. Direct damage to the skin barrier from repeated wet work, soaps, detergents, solvents, friction or cold. No immune memory: everyone gets it with enough exposure. Typically starts in the finger webs and on the backs of the hands.
- **Allergic contact dermatitis** — a delayed immune reaction to a specific substance, appearing 24 to 72 hours after contact. Once sensitised, tiny amounts trigger it, and it is lifelong. Common culprits are nickel, fragrance, preservatives in cosmetics, rubber accelerators in gloves, hair dye and epoxy resins.
- The two frequently coexist — damaged skin absorbs allergens more readily.

Who gets it at work

Hairdressers, healthcare and care workers, cleaners, caterers and chefs, mechanics, construction and beauty workers are all high risk. If your hands improve on holiday and deteriorate within days of returning to work, that pattern is close to diagnostic and is worth recording.

Patch testing finds the allergen

Patch testing is different from the prick testing used for hay fever and food allergy. Patches containing standard allergens are applied to the back and left for 48 hours, then read at 48 and 96 hours. It identifies delayed allergic reactions, and it frequently finds something unexpected — a preservative in a hand cream, a rubber chemical in gloves, a fragrance in a shampoo. It is the single most useful investigation in persistent hand eczema, and it is worth pursuing rather than continuing to treat blind.

Restoring the barrier

- **Emollient, constantly** — a thick greasy ointment, applied after every hand wash and at least six to eight times a day. Keep tubes at every sink, in the car, by the bed.
- **An emollient as a soap substitute.** Stop using soap and hand wash entirely on affected hands.
- **Lukewarm water**, and dry thoroughly including between the fingers.
- **Overnight treatment** — a thick layer of ointment under cotton gloves is the most effective single measure for cracked hands.
- **Topical steroid ointment** at adequate strength for flares, used properly for a defined course rather than sparingly and indefinitely.
- Remove rings before wet work — detergent trapped under a ring is a classic and easily missed cause.

Gloves, used properly

Do

- Wear cotton liners inside rubber or vinyl gloves — sweat inside gloves is itself an irritant
- Use gloves for the shortest time necessary, not all day
- Choose accelerator-free nitrile if rubber chemicals are a problem
- Keep gloves clean and dry inside; replace when torn
- Use alcohol gel rather than repeated washing where hands are not visibly soiled — it is less damaging

Avoid

- Latex gloves if you have any suspicion of latex allergy
- Wearing damp or sweaty gloves for hours
- Powdered gloves
- Repeated hot-water hand washing
- Assuming gloves alone will fix it without emollient

At work

Occupational dermatitis is **reportable under RIDDOR** and your employer has duties under COSHH to assess and control skin exposure. You are entitled to ask for a risk assessment, suitable gloves, emollients at the workplace and, where necessary, redeployment. A dermatology report supports that conversation considerably.

Why come to us. Hand eczema is usually treated with a cream and no explanation, and it keeps coming back because the cause is still in your hands every day. Our dermatology team identifies whether it is irritant or allergic, prescribes ointments and steroids at the right potency, arranges **patch testing through our CQC-registered partners** where an allergen is likely, and provides a written report for occupational health or your employer. Seven days a week, no referral needed.

The cause identified, not just another cream

Dermatology on site, patch testing arranged, reports for work.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Dermatology** · **Allergy Testing** · **Pre-Employment Medical** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Association of Dermatologists guidance on contact dermatitis and hand eczema. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.