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DERMATITIS EXFOLIATIVA

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Synonyms: Pityriasis rubra; Eczema foliaceum seu exfoliativum.

Dermatitis exfoliativa begins upon any part of the body, but usually in the flexures about the joints, as patches of erythema which spread and coalesce. New patches appear and follow a similar course until the whole surface of the body may become involved. The onset is often with a rise of temperature and a more or less pronounced fever may be present throughout the course of the disease. After a week or ten days desquamation begins. The scales are either small and bran like or in the form of thin flakes which are often so plentiful that a handful can be collected from the patient's bed or clothing. The thicker epidermis of the palms and soles is sometimes cast off in sheets exposing a dry, vivid red and shiny surface. The affected skin is not at first palpably infiltrated and even in the later stages the infiltration is seldom pronounced. The patches are at first rather a bright red but soon acquire also a yellowish or brownish hue from the deposition of pigment. The scales are usually dirty gray. Skin infections, pustules and boils are not uncommon complications. The sensibility of the skin remains intact, but there are generally subjective symptoms of tingling, smarting, burning or pain; itching is less common. Cases of dermatitis exfoliativa vary greatly in extent, severity and duration. The mildest may remain localized and run a short course of only a few weeks or months. At the other extreme are the rare cases usually described as pityriasis rubra which invariably terminate fatally. Most

cases eventually become universal, though the time required varies from a few days to a couple of years. Recovery is the rule, but convalescence is usually protracted and recurrences are not infrequent. A few cases progress to a persistent universal dermatitis from which the patient never recovers. In the advanced stage of the severe form the skin appears shrunken and tense and may be fissured about the joints. The nails are distorted and the hair is shed. The buccal mucous membrane becomes red, and cracked upon the lips. Symptoms develop which may indicate involvement of the internal tissues, e.g., vomiting, diarrhoea, albuminuria, bronchitis, arthritis, etc. The patient dies of exhaustion or some intercurrent disease. Not infrequently dermatitis exfoliativa follows an attack of psoriasis, eczema, pityriasis rubra pilaris, lichen planus or dermatitis venenata, but once developed this secondary form is clinically indistinguishable from the idiopathic variety and runs a similar course. **DIAGNOSIS:** In universal squamous *eczema* the itching is generally much more intense, the skin is more indurated and there is always at some time a gummy oozing from some part of the lesion. *Psoriasis* and *lichen planus* are rarely or never universal. In the former the scaliness, and in the latter the induration are more marked, and in lichen the characteristic papules usually can be found. **TREATMENT:** General tonic treatment is indicated, and externally the blandest preparations such as petrolatum, to which one-half per cent carbolic acid may be added.