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DERMATITIS REPENS

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Dermatitis repens is an inflammatory disease, beginning as one or more vesicles or blebs or exceptionally as a papule, which extends peripherally by a progressive undermining of the epidermis. The disease is encountered almost exclusively upon the upper extremities and begins most frequently upon the fingers. Its point of origin is often at the site of some trauma which makes a portal for the infection; it may start from a paronychia. The content of a bleb is turbid serum or thin pus. When there are more than one primary lesion all are in the same region and in a short time they coalesce. Sooner or later the layer of elevated epidermis ruptures and uncovers the smooth, red, moist, raw looking floor of the bulla. As the peripheral undermining progresses the first denuded surface may dry and heal but its thin epidermal covering long retains a red, tender and atrophic look. The ragged, partially detached rim of cuticle is of variable width. On the volar surface of the hand where the epidermis is thick the undermining is often considerably more extensive than a superficial inspection would seem to indicate. On other portions of the limb the advancing edge of the lesion is more often marked by a seam of inflammatory redness or a ridge of epidermis elevated by the sero-purulent

exudate beneath. Occasionally portions of the loosened cuticular rim dry and become again more or less closely adherent to the floor of the lesion in the form of broad grayish scales. Quite rarely the disease spreads without any noticeable exudation in which case there is a progressive reddening, loosening and scaling of the epidermis. The disease develops slowly as a rule, and, although it may last for months and exhibit little tendency to spontaneous recovery, nevertheless it will usually be found confined to comparatively small regions. However, it has been known to extend over an entire limb and onto the trunk. The denuded surface burns and is tender but subjective symptoms as a rule are not pronounced. **DIAGNOSIS:** The red, weeping patch resembles an area of *eczema rubrum*, but is to be distinguished by its well defined border and undermined edge and the shiny, atrophic appearance of its healed portion. **TREATMENT:** It is very essential to remove all the loose, dead skin. The disease yields best to dressings of astringent antiseptic washes, as for example liquor alumini acetatis. Saturated solutions of lead lactate, of pykotoanin blue, and a lotion of sodium hyposulphite have been successfully employed.