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ECZEMA LABII SUPERIORIS



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Eczema located upon the border of any mucous orifice of the body is nearly always caused, aggravated or prolonged by some escaping secretion. When the eczema is confined to the skin in the region of the upper lip it will be found associated usually with a chronic hypertrophic rhinitis. The types of eczema which occur in this locality are most commonly the erythematous-squamous and the vesiculo-pustular. In the male the condition differs in no respect, except sometimes the etiology, from eczema of any other part of the bearded region, and like that is obstinate and resistant to treatment and relapses frequently. The disease involves the skin primarily, the hair follicles secondarily, and only after the disorder has persisted a long time do the hairs begin to fall out and expose the thickened, reddened skin beneath. The loss of hair is never permanent. Papules and pustules occur between as well as at the mouth of the follicles. The condition shows a strong tendency to spread to non-hairy portions of the face. It is always accompanied by itching more or less intense. **DIAGNOSIS:** *Trichophytosis barbae* rarely attacks the upper lip. It causes no subjective symptoms, or at most only a slight pruritus. The eruption is more or less nodular and the hairs situated upon the nodes can be extracted painlessly with very slight traction. Under the microscope they appear split and frayed by the numerous spores with which they are in-

vaded. An eczema of the bearded region may be the starting point for *sycosis* and in the transition stage a differential diagnosis is not possible. *Sycosis* does not itch, it causes rather the symptoms of pricking, burning and tension; usually each of its papules and pustules is pierced accurately by a single hair and often the skin between is in places not inflamed or infiltrated. It shows not the slightest tendency to spread to non-hairy parts. **TREATMENT:** Very little headway can be made with the eczema until the nasal discharge has been cleared up. If crusts are present they are to be softened with oil and washed off with warm water and soap. Thereafter the mustache must be epilated or shaved at least every other day. If this is too painful the hairs may be cropped short for a time until the inflammation has been mitigated by frequent fomentations with hot linimentum calcis. Treatment should be started with mild remedies, such as pasta zinci Lassar N.F., or zinc ointment. Later, if necessary, a few minims of oil of cade may be added to the ounce of ointment. The quantity of tar should be increased very gradually and its use suspended at the first sign of irritation. When the improvement is well under way pulvis talci salicylatis N.F. may be used to protect the surface during the day, and the more unsightly dressing employed only at night. The shaving should be continued for several months after the condition is cured.