CONTACT DERMATITIS

Treatment: stop the irritant or allergen exposure

Mild
Hydrocortisone 1%-2.5%
Desonide 0.05%
Triamcinolone 0.1%
**Use for 2-4 weeks.*

Moderate-Severe
Clobetasol 0.05%
Halobetasol 0.05%
**Use BID for 5-7 days and then daily for 5-7 days.*
**Use up to 30 days.*

Very Severe
Prednisone 1 mg/kg w/ taper over 14-21 days
1 dose of IM triamcinolone acetonide 1 mg /kg (max dose 80 mg)

Refractory
Systemic immunosuppresive therapy

Corticosteroid-dependent vulvar dermatitis
Tacrolimus 0.03% ointment or pimecrolimus 1% cream
**Use BID for 2-4 weeks and then twice weekly for maintenance.*

Localized treatment
IL-triamcinolone acetonide 3.3 -10 mg/mL

Symptom Relief
*Oral sedating anti-pruritc agent (ie. hydroxyzine or doxepin)
*Bland emollients (petroleum or mineral oil)
*Antibiotics (if secondary infection)

Treatment Pearls

Excessive washing can worsen dermatitis. Encourage gentle skin care hygiene for five minutes each morning and night.

History of irritants may be difficult to elicit. Consider patch testing. Best screen is North American Patch Test series.

Suspect allergic contact dermatitis with sudden onset itching and/or weeping and vesiculation.

Contact dermatitis can complicate all other vulvar conditions.

Factors that promote vulvar irritation include lack of estrogen, excessive hygiene, excess maceration of the area, or existing vulvar dermatoses.

Stop unncessary vulvar contactants. Re-assess these patients frequently.