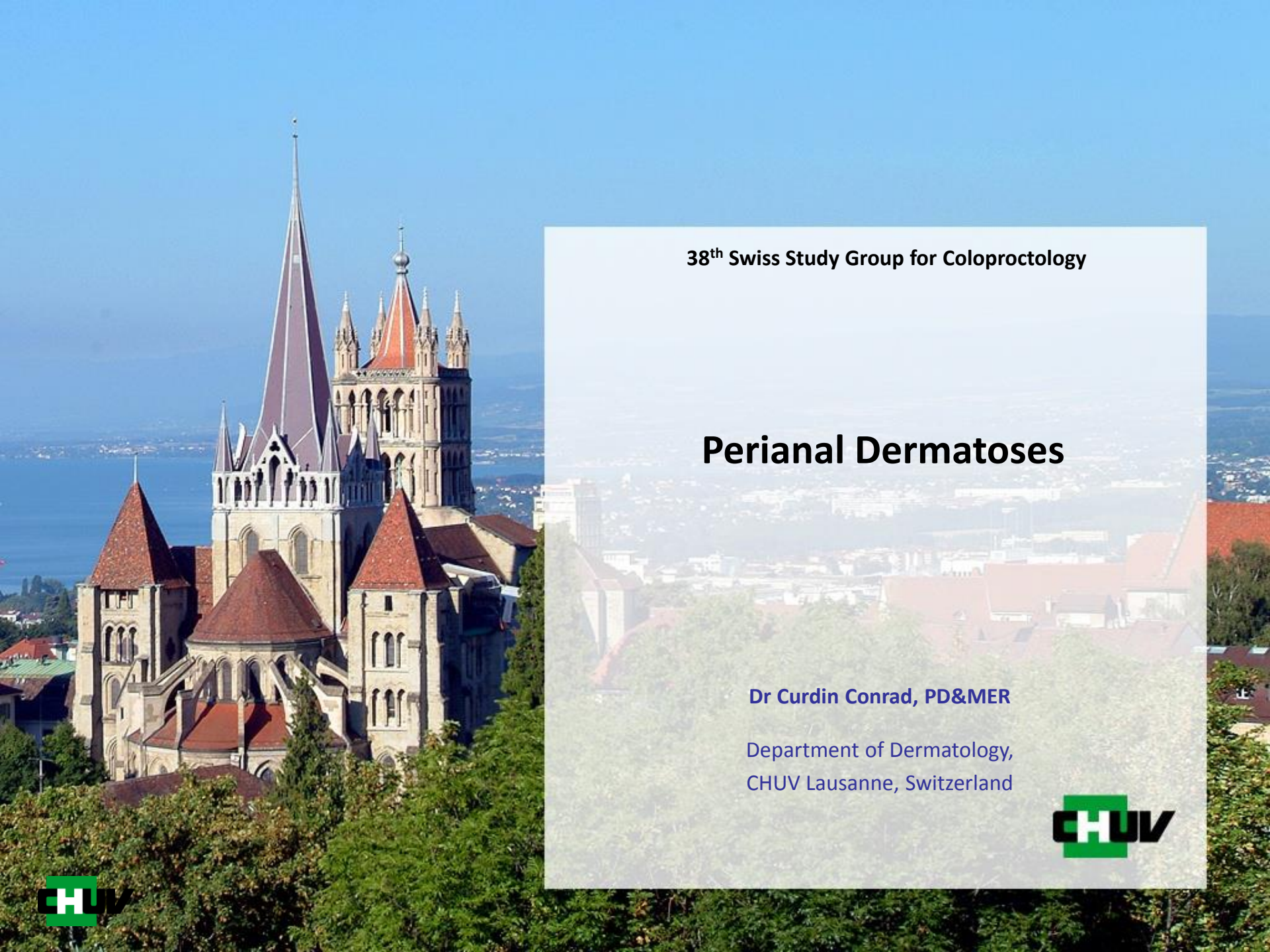




38th Swiss Study Group for Coloproctology

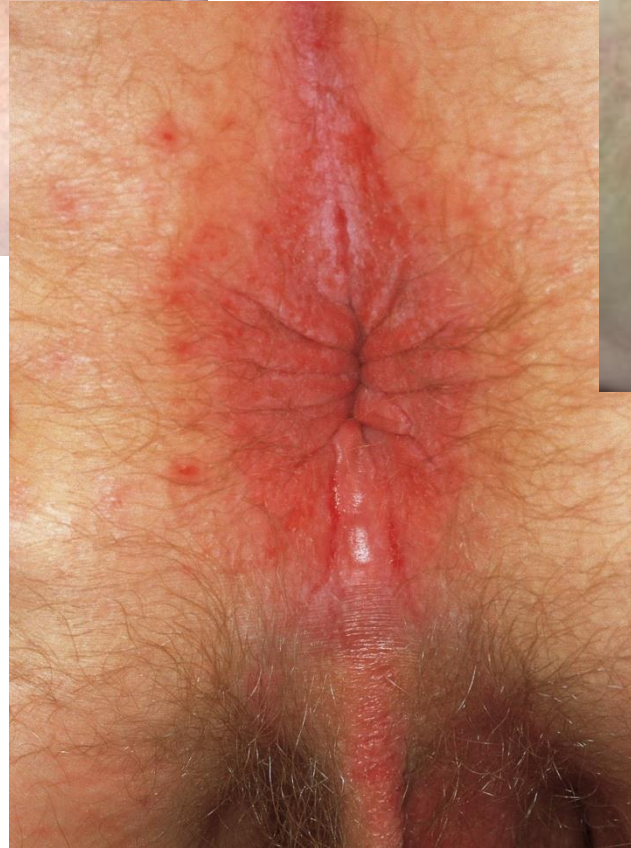
Perianal Dermatoses

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Intertrigo



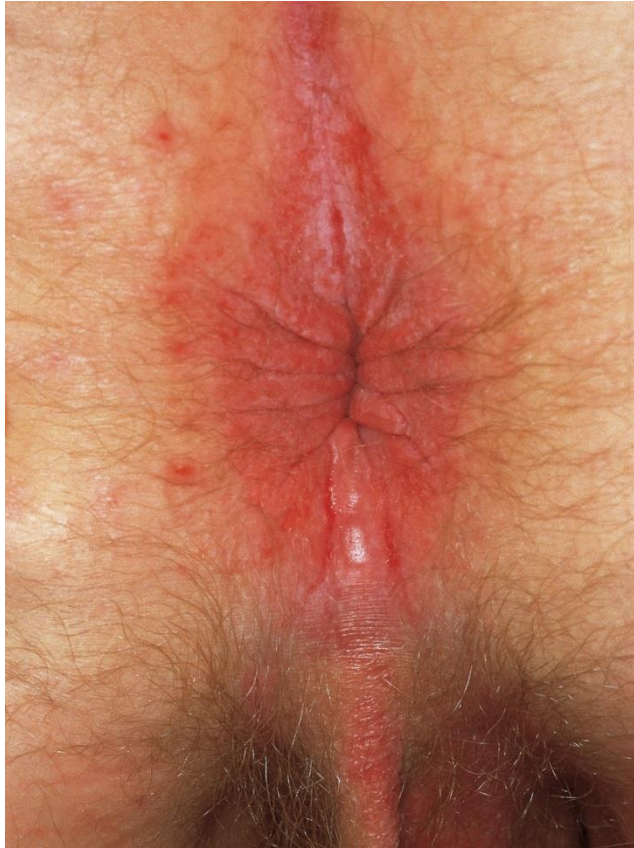
Predisposing and Trigger Factors

- Moist milieu/microenvironment
 - sweat
 - anatomical occlusion
 - Proctological diseases (!)
 - Perianal inflammation, increased secretion, incontinence
- ⇒ Skin barrier disruption, maceration
- Individual habits
 - Genetic predisposition (psoriasis, atopic dermatitis, Hailey-Hailey,...)

Diagnostic Process

- Anamnesis
 - Associated symptoms and signs
 - Evolution (duration, trigger factors,... , and therapies applied)
 - Associated (proctological and dermatological) diseases
 - Family history
- Clinical examination
 - Proctological
 - Dermatological (complete)
- Laboratory tests, skin tests, biopsy,...
- Diagnosis

Clinical Examen



Contact-irritant eczema



- Most common form
- Moist milieu and exogenous factors
- Direct: fistulae
- Increased secretion/leakage: inflammation (proctitis, anitis,...), tumors (skin tags, condylomata,...)
- Excessive hygiene (!!!)

Contact-allergic eczema

- Moist milieu, inflammation, exogenous factors
 ⟹ facilitate sensibilisation
- Hygiene/personal care products
- Topically applied proctological treatments
 - Hexylresorcin
 - Lidocain
 - Chamomile extracts
 - Menthol
 - Bufexamac
 - Methylisothiazolinone

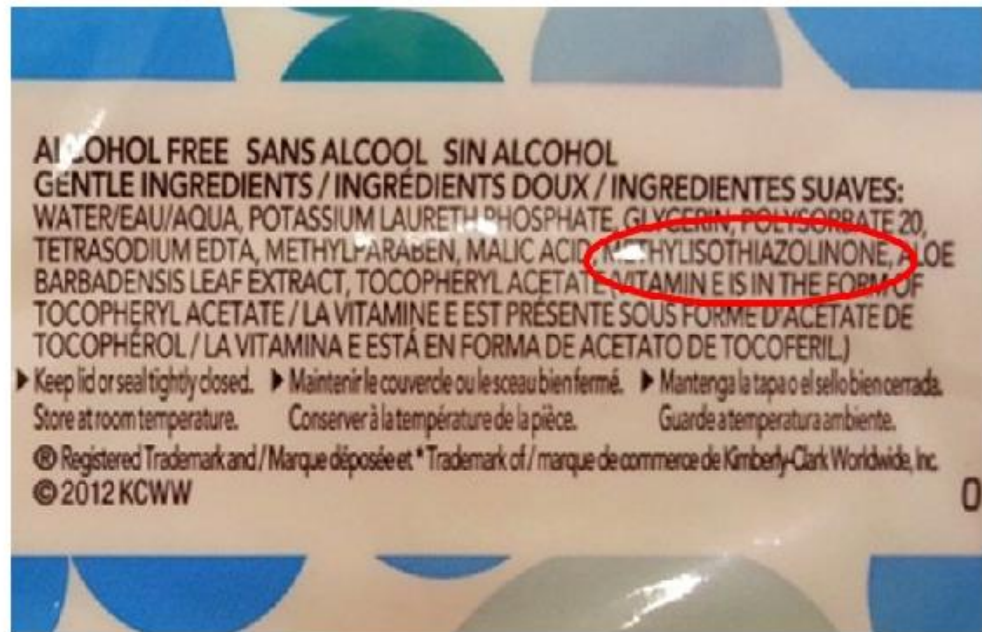


Methylisothiazolinone

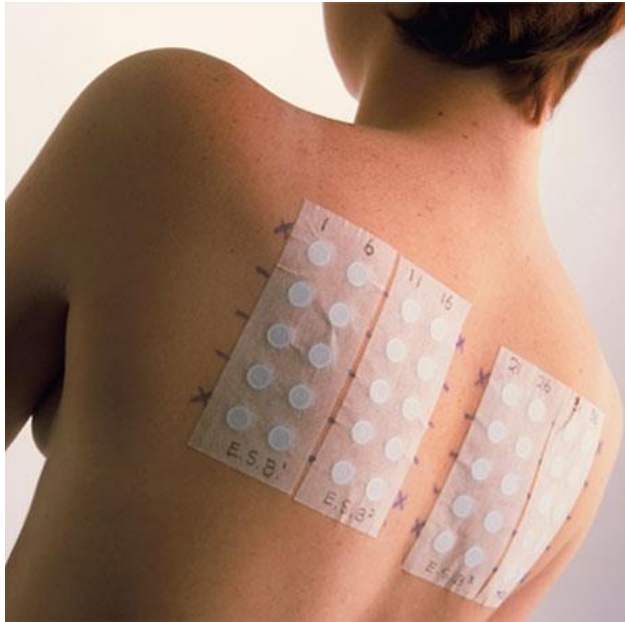
- Preservative
- is commonly found in skin and hair care products, especially wipes
- “gentle,” “sensitive,” “organic,” or “hypoallergenic”



Methylisothiazolinone



Contact Allergy



Positive skin test for
methylothiazolinone



Contact-irritant Eczema – Common Irritants

- **Water**
- Skin cleansers
- Industrial cleaning agents
- Acids and alkalis
- Oils and organic solvents
- Oxidizing and reducing agents
- Plants
- Animal products
- Miscellaneous

Contact-allergic Eczema – Common Allergens

- Nickel
- Benzocaine
- Fragrance
- Mercaptomix
- PPD
- Potassium dichromate
- Methylisothiazolinone

Jewelry, foods

Anesthetics

Perfumes, personal care products

Rubber gloves

Black hair dye

Leather, spackling, detergents

shampoos, (hair) gels, industry

Contact Dermatitis - Treatment

Contact allergic dermatitis:

1. Avoidance!
2. Avoidance!
3. Avoidance!
4. Topical corticosteroids, calcineurin-inhibitors,...

Contact irritant dermatitis:

1. Define/remove exposures
2. Zinc creams, barrier creams
3. Topical corticosteroids, calcineurin-inhibitors,...

Atopic eczema

- Predilection site (moist micro-milieu)
- Pruritus (!)
- Anamnesis
- Clinical examination



Other diagnoses...



Candida intertrigo

Other diagnoses...



Psoriasis

Other diagnoses...



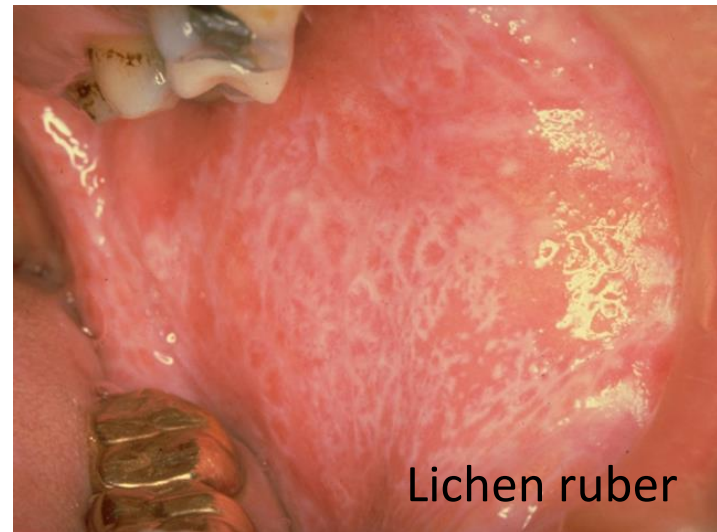
Lichen sclerosus

Other diagnoses...



M. Crohn

Other diagnoses...



Lichen ruber

Other diagnoses...



Chronic eczema

Other diagnoses...



Hidradenitis suppurativa

Other diagnoses...



M. Paget

Other diagnoses...

Perianal melanoma



Differential Diagnoses

- Contact eczema
- Inverse psoriasis
- Candida-Intertrigo
- Atopic eczema
- Lichen ruber
- Lichen sclerosus
- Pemphigus vegetans
- Hailey-Hailey
- Seborrhoic eczema
- Erythrasma
- M. Bowen
- M. Paget
- Carcinomata
- Amelanotic melanoma
- Histiocytosis

Treatment

- Identifying and eliminating predisposing factors (!!!)
- Pasta zinci mollis
- Tannosynt[®], black tea
- Color castellani
- Topical steroids class I-II
- Ketaconazol with zincoxyde (Imazol[®] cream-paste),
with steroids (Imacort[®] cream)
- Tacrolimus (Protopic[®])
Pimecrolimus (Elidel[®])



Topical steroids



Conclusion

- Case history and clinical examination
- Identifying and eliminating predisposing factors (!!!)
- Treatment (causes and symptoms)
- Referral in case of progression

Thank you for your attention!

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