Eczema, Dermatitis, Neurodermatitis.

DICTIONARY DEFINITIONS ARE of little use in explaining these terms. They need several sentences to describe what is meant by each.

There is no generally accepted view of the difference between eczema and dermatitis. Some dermatologists never use the term dermatitis because dermatitis in the mind of a worker usually means industrial dermatitis associated with monetary compensation; others never use the word eczema because of the fear and stigma associated with it in the lay mind. Some use the terms synonymously; others prefer the compromise term eczematoid dermatitis. It is pointless therefore to try to give a definition of either. Dr. Ingram's description of eczema is adequate (*Lancet*, 1953, ii, 149): "Eczema may be defined as a catarrhal reaction of the skin provoked by some irritating influence from without or from within the patient. The irritant is of such an order that it would not provoke a reaction in a normal subject and it may be either specific or non-specific in character."

By custom, however, one or other term may be frequently used for a particular type of inflammatory process. But for other processes they may be used equally frequently, preference being decided by the personal views of the dermatologist—e.g. seborrhoeic eczema or dermatitis; contact eczema or dermatitis; atopic eczema or dermatitis; varicose eczema or dermatitis. Some dermatologists use the diagnosis dermatitis when they know the principal cause, and can preface it with a suitable adjective (e.g. contact dermatitis from Dettol, atopic dermatitis); while they use eczema for the same type of process where the cause may be quite obscure to them.

The inflammatory process may be produced through a variety of agents, such as the following:—

External: Solids, liquids, gases.
Plants and pollen.
Sunlight, heat, cold, radiant energy.
Bacteria, parasites, etc.

Internal: Foods, drugs, inhalants.
Bacteria and other infective agents.
Body metabolites, oedema, anoxia.

The precise cause of most cases of endogenous eczema is not known. In any patient several determining factors play a part, and the diagnostic label may merely pin-point the most important one. In another patient, another factor may be the most prominent in causation, and a different label may be used for a similar rash.

Some of these factors are:—

An external irritant;
Sweat retention;
Friction from clothing or rubbing;
Infection;
Hereditary factors (may be evident from the family history);
Climatic conditions (temperature, humidity, etc.);
Special predisposing backgrounds (such as the seborrhoeic or atopic state);
Hormonal (menses, puberty, pregnancy, menopause, etc.);
Psychic trauma (sudden mental shocks, or chronic anxiety and nervous tension);
Unknown factor X (in a number of cases the predominant factor is quite unknown).

As with eczema and dermatitis, neurodermatitis cannot be easily defined. Certain types of dermatosis are generally accepted as meriting this term since emotional factors are almost always pre-eminent in them (e.g. dermatitis artefacta: lichen simplex chronicus of Vidal; neurotic excoriations).

In a number of other cases, usually of the eczema dermatitis type for which no other obvious cause is found, emotional factors may appear to be the most important. Such cases may be labelled neuro-dermatitis by some dermatologists. Others would call such a case endogenous eczema, cause unknown.

Frequently, however, several of the predisposing factors including psychic trauma or emotional tension may play some part in a case.

Examples:

1. A spinster of 42 has to give up her job for three months to nurse an elderly father with cancer during the last few months of his life. After two months she develops a dermatitis of the axillae from the rubber in a pair of dress shields. She destroys the dress shields and the dermatitis subsides somewhat, but she continues to itch intensely and it gradually becomes a dry thickened (so-called lichenified) patch. She now has lichen simplex chronicus or localised neurodermatitis which recurs from time to time even though she never wears dress shields again. In fact similar patches have appeared elsewhere without any such contact.
2. A mother aged 35 with four children has had itching in the ears since being a telephone operator in the Wrens during which period she worked long hours and was exposed to aerial bombardment. From time to time she has developed a weeping dermatitis of both ears and the surrounding skin. They itch intensely. Examination shows evidence of a seborrhoeic diathesis, and bacteriological culture reveals profuse growth of several organisms.

   She says the attacks occur at times of emotional tension, to which she has always been liable. Here there are three factors, seborrhoeic background, infection of the skin, emotional tension. Which, if any, is the most important? Hence it may be diagnosed as seborrhoeic dermatitis, infectious eczematoid dermatitis, or neurodermatitis, according to the answer the dermatologist makes to this question.

The skin has only a limited number of patterns with which it can react, and hence it may react to two different disturbing agents by the same reaction pattern, or skin eruption. Therein lies the difficulty in diagnosis and treatment. If one mistakes a patch of dermatitis due to nail varnish sensitivity for neurodermatitis, and treats the patient for the latter, the patient will not be relieved until another doctor perhaps makes the right diagnosis and advises the patient to stop using the nail varnish. Because of this, it is imperative to exclude other causes before giving the major factor verdict to the psyche.

The physical signs of eczema, dermatitis, or neurodermatitis are not specific and may comprise erythema, oedema, vesicles, oozing, crusting, scaling, thickening and lichenification, fissuring, pigmentation, or any combination of these, and the signs frequently change from week to week.

There is usually only one symptom of importance—itching. It may be strikingly in excess of the visible

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