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ABSTRACT

Contact dermatitis is a broad term that encompasses both non-immunologic irritant contact dermatitis (ICD) and immunologically mediated allergic contact dermatitis (ACD). Both ICD and ACD can negatively affect a patient's quality of life and are a source of exorbitant medical and societal costs. Avoidance of inciting irritants and/or allergens and liberal use of emollients or humectants are the cornerstone of therapy. When an allergic cause is suspected, patch testing is highly encouraged. In this contribution, we highlight both the commonalities and differences of acral contact dermatitis as it relates to specific regions of the body. In addition, a review of the predisposing conditions, risk factors, and treatment options in the literature is presented to help with the care of these challenging patients.

List of abbreviations

Irritant contact dermatitis (ICD), allergic contact dermatitis (ACD), transepidermal water loss (TEWL), natural moisturizing factor" (NMF), stratum corneum (SC), atopic dermatitis (AD), Thin-Layer Rapid Use Epicutaneous Patch (T.R.U.E.), 2-hydroxyethyl methacrylate (HEMA), North American Contact Dermatitis Group (NACDG), methylchloroisothiazolinone/methylisothiazolinone (MCI/MI), methyldibromoglutaronitrile (MDBG), para-*tert*-butylphenol-formaldehyde resin (PTBPF), dimethylglyoxime (DMG), randomized controlled trial (RCT), Topical calcineurin inhibitors (TCI), 8-methoxypsoralen (8-MOP), ultraviolet B (UVB), psoralen with ultraviolet A (PUVA).

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