



EYELID DERMATITIS

- I. EYELID DERMATITIS:** described as itching, redness and scaling of eyelids and may be caused by inherited atopic dermatitis, seborrheic dermatitis, irritant or allergic contact allergens.
- II. THE MOST COMMON ALLERGENS INCLUDE:**
- A.) Toluene Sulfonamide Formaldehyde Resin and other volatile components of nail polish fill the air after polish is applied. They can cause a rash from the nails touching your eyelids..
 - 1. Almay nail polishes do not contain toluene sulfonamide resin. Because they do not contain the toluene sulfonamide resin, they tend to chip easily. Some acrylic based polishes do not contain toluene sulfonamide resin.
 - 2. Another alternative is to buff, rather than polish, your nails.
 - B) Parabens: Paraben preservatives are used in most cosmetics. Many paraben allergic patients can tolerate parabens on intact skin. When even a slight scratch or abrasion occurs on the skin, however, an allergic rash develops from paraben use. Once the skin heals completely, parabens can often be tolerated again. This is called the "paraben paradox". It results in periodic "bouts of paraben allergy"; each preceded by some slight rubbing or damage to the eyelid skin.
 - D) Eyedrops (both prescription and over-the-counter) can be another source of eyelid dermatitis. Common offenders include topical antibiotics, beta-blockers and contact lens solution.
 - E) Nickel. Nickel is often found in eyelash curlers. Nickel sensitive individuals often react to white gold or costume-jewelry earrings as well. Nickel salts can be transferred from coins and jewelry to your fingers, then to your eyelids.
 - F) Rubber. Rubber on eyelash curler pads may be a problem for some individuals.
 - G) Hair care products are another covert source of allergens in eyelid dermatitis. Patients may react to shampoo or hair dye ingredients that briefly contact the eyelids in the shower, or may react to ingredients in hair gel that are transferred to the pillow and then the face. If your neck is also involved consider shampoos and soaps.
 - H) Airborne allergens include pollens, animal dander, dust and any volatiles (perfume, paints, nail polish/glues).
 - I) Your hands often transfer allergens to your eyelids from lotions, facial tissues, copy paper, newspaper, etc.
- III. TREATMENT:**
- A) Identify know allergens and minimize your contact with none irritants.
 - B) Stop all topical preparations to the face to include make up, facial lotions etc.
 - C) Topical steroids or Protopic or Elidel are commonly prescribed (may burn for first 3 days)
 - D) Rarely, the use of steroids near the eyes can result in an increase of intraocular pressure. If you have a personal or family history of glaucoma, please inform your doctor.
 - E) Occasionally ophthalmic antihistamine drops are prescribed.
 - F) Once resolved you may start using make up that is hypo allergenic and one new thing could be started weekly. Would recommend not using nail polish or going to a nail salon until the condition subsides or other allergen identified. Allergy testing/patch testing can help identify allergies, including those to toluene sulfonamide resins, parabens, nickel and rubber.

Further Resource: http://dermatology-s10.cdlib.org/144/commentary/contact_dermatitis/katta.html