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Occupational Skin Disease and its Diagnosis

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Perspective

Occupational skin disease (OSD) results from or is exacerbated by skin contact with the work environment or substances used in the work. 1 However, OSDs can appear in a variety of ways, including: B. Contact dermatitis, keratosis, neoplasms, ringworm, acne and foreign body granulomas [1]. Allergic or irritating contact dermatitis accounts for 70-95% of all OSDs Occupy. Therefore, OSD is also called occupational dermatitis.

OSD development involves contact with various agents present in the workplace. The most common substances are chemicals (metals, acids and bases, aromatic hydrocarbons, lubricating oils, cutting oils), physical agents (vibrations, pressures, trauma, radiation, heat and cold), and biological includes drugs (viruses, bacteria, and fungi), Parasites, plants and animals) [2].

Industrial workers, unlike the general public, can be easily exposed to these substances and are more likely to experience OSD symptoms. However, an individual's susceptibility can be influenced by many factors such as age, gender, race, exposed substances, and working environment.

OSD is a common cause of occupational disease [3]. The proportion of people with OSD varies from country to country: 12.9 to 17.6% in the United States, 9.6% in France, 16% in Denmark and Finland, 22% in the United Kingdom, and 60% in developed countries [4]. Given the direct and indirect costs of illness and the lack of productivity, the economic burden of OSDs in Europe and the United States is high [5]. Due to the prevalence of occupational exposures that can cause or exacerbate skin disorders, it is advisable to screen all patients with skin disorders for work-related causes. If occupational skin disease is suspected, it is necessary to ask about the exact time relationship between skin condition (onset, improvement, recurrence, etc.) and workload (effects of work interruption, return to work, etc.) detailed work history should include the following:

Specific activities in the patient's current profession where general working conditions (heat, humidity, etc.) and contact with the skin are associated with potential hazards. Note that SDS is more beneficial for large-scale acute exposure than for low-level chronic exposure, which is very common in skin conditions. Physical, chemical and biological agents (chemical and trade names) to which or may be exposed to the patient.

Presence of skin diseases in fellow workers

To minimize or prevent workplace exposure, including personal and occupational hygiene (instructions and equipment such as hand washing, showers, laundry services), gloves, aprons, shields, and availability of enclosures control measures [6]. The compensation the patient received for the condition of the skin in the previous job. Other exposure materials including soaps, detergents, household cleaners, hobby materials (resins, paints, solvents, etc.), topical medicines, especially sensitizers such as neomycin (neosporin). The depth of investigation should reflect the morphological appearance of the skin disease. Doctors may have eczema, asthma, hay fever, clothing or food allergies, psoriasis, acne, greasy skin, myrialia (eg, reactions to metal objects, cosmetics, household cleaners), fungal infections (eg: athletes should look for foot, psoriasis), atopy or psoriasis in the family history, and systemic disorders that may be accompanied by cutaneous symptoms (eg: tinea, peripheral vascular disease). Medical history and work history may show a close association between skin condition and the specific workload known to produce such skin effects. The outbreak of the disease may also indicate the cause. For example, the distribution of follicular lesions, such as hand gloves, strongly suggests contact dermatitis. It is not uncommon to discover the underlying skin condition that is exacerbated by work stress. However, multiple occupational and non-occupational exposures can be identified, and it may not be possible to find a clear temporal relationship between skin lesions and occupational history, or it may be difficult to identify skin lesions.

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