

# Diagnosing and managing atopic dermatitis in patients with skin of color

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## Background

- Atopic dermatitis (AD), also known as eczema, is a chronic relapsing inflammatory skin condition
- AD can present differently in patients with skin of color (SOC), posing unique diagnostic and management challenges
- Although AD affects individuals of all ethnic backgrounds, research has shown that AD disproportionately impacts African American and Asian populations
- SOC patients consistently report greater impact of AD on their quality of life compared to individuals of White ethnicity

## Objectives

- To increase primary care provider awareness of the heterogeneous presentations of AD in SOC patients
- To highlight differences in the cutaneous manifestations of AD among different racial and ethnic groups
- To summarize special considerations for the management of AD in SOC patients
- To list the indications for referral to a specialist (i.e., multidisciplinary teams such as dermatology, allergy/immunology, psychology)

## Clinical Characteristics

**Table 1.** Clinical manifestations of AD

Typical	SOC
Pruritic erythematous papules and plaques	Subtle violaceous or brown erythema
Flexor surfaces	Greater extensor involvement
	Prone to lichenification, post-inflammatory hypo/hyperpigmentation, and follicular accentuation

**Table 2.** Unique clinical characteristics of AD in different racial and ethnic groups

Asian	African American
<ul style="list-style-type: none"><li>• Psoriasiform features (well-defined borders, increased scaling and lichenification)</li></ul>	<ul style="list-style-type: none"><li>• Papular variant</li><li>• Diffuse xerosis</li><li>• Hyperlinearity of the palms</li><li>• Prurigo nodularis</li></ul>

- Obtain personal and family history of asthma, allergic rhinitis, and generalized dry skin
- Early recognition and treatment of AD is important to manage acute flares and prevent secondary infections
- Importance of patient input when assessing affected areas to recognize subtle changes

## Management

- Managing AD in SOC patients requires tailored approaches
- First-line therapies for AD flare ups: topical corticosteroids
  - If inadequate response or not tolerated, calcineurin inhibitors
- High doses of topical corticosteroids can lead to hypopigmentation, which is especially prominent in SOC
- Moisturization is important to preserving skin barrier function
  - Decreased ceramide levels in the skin in African Americans
- Consider skin biopsy if unresponsive to treatment
- Severe or refractory cases of AD may require specialist referral to incorporate phototherapy and systemic agents into treatment algorithms

## Indications for Referral

- Uncertainty regarding the diagnosis
- Disease is severe and does not respond adequately to topical therapies in primary care
  - Especially facial atopic dermatitis
- Severe or recurrent secondary skin infections (i.e., eczema herpeticum)
- Significant psychosocial disturbances associated with condition