Heritage Medical Group, LLP
Listening, caring, leading.

CONTACT DERMATITIS – "POISON"

Introduction:

"Contact dermatitis" is inflammation of the skin in areas where something has come into direct contact with those areas. This can occur when harsh chemicals come into contact with the skin, but this handout relates to the allergic reaction that occurs when "poison" plants contact the skin. Not all people react to poison ivy and similar substances, only those who are allergic to it. Poison Ivy, poison sumac, and poison oak are common causes of contact dermatitis.

In poison ivy contact dermatitis, the oil from the leaves of the plant comes in contact with the skin causing the typical skin inflammation. This can occur either through direct contact with the plant, or by indirect contact; for example, by coming into contact with an animal, clothing or garden tool which has been against the plant. In burning the plant, the oil can get onto the skin, although this is rare.

It is **not** true that one can spread the rash to another part of the body or to someone else. **There is nothing in the rash or blisters that spreads the rash farther**. Two areas of the skin may contact the plant oil at the same time, but, depending on how much of the oil got onto the skin, one area breaks out in twelve hours and the other in 4 days. In addition, one could re-contact the plant oil by touching the garden tool or clothing that originally touched the plant. The oil may persist in an active state on inanimate objects such as gloves for as long as 6-7 days or even up to a year in dry conditions.

The rash of contact dermatitis typically continues to break out for about a week and a half, and then takes another week and a half to go away.

Prevention:

It is best to learn what these plants look like. A trip to the library may be helpful. Poison ivy is a vine; poison sumac is a shrub or small tree. Poison oak does not grow in this region.

Do all you can to avoid exposure. Do not touch these plants. If you must touch them, wear gloves, long pants, and long sleeves. As soon as possible after exposure, remove all clothing, launder it and take a hot soapy bath. Once the oil is washed off, the eruption will not truly spread, nor can it be given to other people.

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About half of all people are allergic to "poison" plants, but the risk increases the more often you are exposed. People who have never reacted to these plants should still try to avoid contact with them.

Protective barrier lotions such as Ivy Block ® can be applied to the skin before exposure. We recommend these for people who highly sensitive or when exposure is unavoidable.

Treatment:

Oral antihistamines (Benadryl® (diphenhydramine), Tavist® (clemastine), Chlor-trimeton® (chlorpheniramine), and others) will help relieve itching. Please be sure to follow package directions for correct dosage. These medicines may make you sleepy and caution should be used when driving or operating machinery. Do not mix with other sedating medicines, including alcohol. If you do become sleepy, use a non-drowsy antihistamine such as Claritin® (loratidine). Other ways to help the itching are cool rather than hot baths, baking soda and water paste, Aveeno baths, and Calamine lotion. Domeboro soaks can help dry a moist, oozing area.

These topical medicines do not help to cure the rash but can provide relief of symptoms. Steroids (cortisone medicines) may be used on the skin or taken internally (pills or shots). Side effects of steroids taken internally are generally mild but can include fluid retention, increased appetite, weight gain, flushing, or mood changes. If you have diabetes, steroids may increase your blood sugar temporarily.

The rash of poison ivy can disrupt the protective barrier of the skin, increasing the risk of bacterial infection. Routine cleansing with soap and water is important. If you have increasing pain, redness, warmth or drainage of pus, you may have a bacterial infection, and you should contact us.

For more information on the internet:

http://www.fda.gov/fdac/features/796_ivy.html

http://www.nlm.nih.gov/medlineplus/ency/article/000027.htm