Atopic Dermatitis in Skin of Color

Assessing and treating atopic dermatitis in your patients with skin of color

eczchanges:
Talking About Atopic Dermatitis

Diagnosis and assessment

Atopic dermatitis (AD) is the most common chronic inflammatory skin disease[1]. It affects ~19% of Black Americans[2] and, in Asian countries, up to 10% of the adult population have the condition[3]. There is a growing appreciation that differences among various ethnic and racial groups present unique challenges when it comes to diagnosing this complex disease.

Clinical pearls

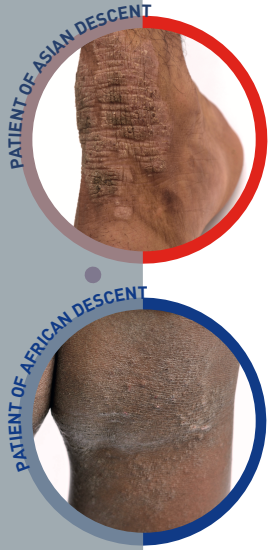
Typical presentations of AD in patients with skin of color

PATIENTS OF ASIAN ANCESTRY

- AD in patients of Asian descent may have features that are reminiscent of both AD and psoriasis; compared with White patients, there may be more well-demarcated, scaly plaques with greater lichenification[3-6]

PATIENTS OF AFRICAN ANCESTRY

- Patients of African ancestry with AD, including African Americans, may manifest with lichenoid papules or profound xerosis[5-7]
- Erythema in AD may be masked by pigmentation or appear purple, light brown, or ashen gray[6,8]
- Lesions may appear more papular/follicular-based (perifollicular accentuation) and with a more scattered pattern and greater extensor involvement[6,7]
- There is a greater burden of post-inflammatory dyspigmentation following AD flares[5-7]



PATIENTS OF LATINX ETHNICITY

- Latinx patients are at higher risk of severe AD, which is more recalcitrant, and has greater trunk involvement[7,9,10]

Consider the presence of edema, skin warmth or scale when assessing the severity of AD, as darker skin tones may mask the defining characteristics of AD[6].

Considerations for managing AD in patients with skin of color

The treatment goals for any patient with AD remain the same: prevention and management of flares, addressing symptoms of pruritus, restoring the function of the skin barrier, and improving quality of life. Discussing proper skin care is a fundamental step in the treatment of AD; however, there may be unique challenges for managing AD in patients with skin of color[6,11,12].

It is important not to undertreat patients with darker skin types

- Target the underlying inflammation and protect the skin barrier
- Moisturizers and emollients play an important role in AD management,

The risk of pigmentary changes is an important consideration for patients with skin of color[9]



- Atopic dermatitis lesions, or associated excoriations from scratching, may resolve with post-inflammatory hypopigmentation and/or hyperpigmentation[5]
- The contrast between the patient's normal skin tone and dyspigmented skin can be disfiguring, resulting in a greater disease burden[6,15]
- Topical corticosteroids, particularly those of high potency, can cause peri-lesional hypopigmentation, as well as striae, particularly in intertriginous areas[13,14]
- Excoriations can lead to atrophic or hypertrophic scarring and increased risk of skin infection[7,16]

Useful resources

Skin of Color Society
Includes a wealth of information and educational materials for both clinicians and patients

Visit website

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