

When your skin is acting up, the right treatments can make a big difference.

What's That Rash?!

Whether it's hives, eczema or something more serious, decode your skin problem and get real relief with our illustrated guide.

By ELLEN SEIDMAN

➔ OF ALL THE SKIN AFFLICTIONS WE HUMANS HAVE TO DEAL with, rashes win the award for most irksome (sorry, pimples). Not only are they often itchy and always unsightly, they can pretty much disrupt your existence. “If you can’t use your hands or don’t want to go outside because your face is bright red, it’s beyond annoying—it’s life-altering,” says Jenny Murase, MD, assistant clinical professor in dermatology at UCSF Medical Center. Not to mention, you can drive yourself bonkers wondering what exactly is wrong. Read on to get to the bottom of your rash and learn smart ways to soothe it.

Eczema
(atopic dermatitis)



WHAT'S GOING ON This pest is all about cracking, reddish patches and small raised bumps that itch. It typically appears on the neck, hands and inside the bends of the elbows and knees. “Doctors call it the itch that rashes—it starts itchy, and as you scratch, the rash comes out,” explains Whitney Bowe, MD, clinical assistant professor of dermatology at the Icahn School of Medicine at Mount Sinai in New York City. It’s often found in people who are prone to asthma and allergies or who have a family history of them. Irritation from wool clothing, dry indoor heat and cold winter winds can bring it on. Pregnancy can also be a trigger, says research published in *Annals of Dermatology*. **YOU MIGHT MISTAKE IT FOR...** hives. But those come and go, while untreated eczema sticks around.

WHAT TO DO Use anti-bacterial washes (to protect vulnerable skin from infection) with moisturizers but no alcohol; opt for hypoallergenic products, particularly ointments (which are more moisturizing than creams or lotions). “Dermatologists most commonly recommend Eucerin, Cetaphil, CeraVe, Vanicream and Vaseline,” says Dr. Murase. If it hasn’t cleared up within



two weeks, is very severe or keeps recurring, see a dermatologist. **CAUTION** Avoid products with fragrance and the anti-aging ingredients retinol, Retin-A and alpha hydroxy acids, which can be irritants. For eczema on your hands, don’t smear on a lot of ointment and wear gloves at night; it’s not the most effective strategy, says Dr. Murase. Instead, add ointment right after you wash your hands, to keep skin moisturized and protected all day.

Contact dermatitis



WHAT'S GOING ON Irritant contact dermatitis happens

when something—such as soap, detergent or makeup—irritates your skin and strips off the outer protective layer, leaving little red bumps that sting and burn. Allergic contact dermatitis involves an immune reaction; it can occur in response to fragrances and preservatives, as well as dyes in clothing, metals (especially nickel in jewelry), adhesives and plants like poison ivy. These bumps itch like crazy and can erupt into oozing blisters. “You can start off not being sensitive to something,” notes Dr. Bowe, “but the more the immune system is exposed to the trigger, the more robust the response.” **YOU MIGHT MISTAKE IT FOR...** bug bites, including bed bug bites, notes Keith A. Choate, MD, associate professor of dermatology, genetics and pathology at

Yale School of Medicine. So don’t automatically freak out if you’ve gone on a trip, stayed in a hotel and come back itching. Typically, bed bug bites have a specific pattern: They tend to appear in clusters of three. **WHAT TO DO** For either kind of contact dermatitis, apply hydrocortisone or anti-itch creams, along with cool compresses. And play detective—ask yourself what new products you’ve used and what has come into contact with the area in the last few days. “When I see a scaly red patch around a belly button, for instance, I know it’s dermatitis from nickel in a jeans button,” says Dr. Bowe, who tells her patients to apply clear nail polish to the closure as a protective coating. **CAUTION** Don’t use an antibacterial cream or ointment (e.g., Neosporin or bacitracin); they themselves can be allergens.

Seborrheic dermatitis



WHAT'S GOING ON One of the most common rashes affecting adults, this causes thick, greasy, yellowish scales that typically strike the scalp (where they’re better known as dandruff), between the brows and on the sides of the nose. “It could be an immune reaction to a yeast that lives on the skin,” says Dr. Bowe. It tends to be triggered or exacerbated by periods of stress.

YOU MIGHT MISTAKE IT FOR... the big C. (Gulp.) “A lot of my patients worry that they have a precancer—they’ll come in and tell me they’ve had too much sun exposure, then get excited when they realize it’s just seb derm!” says Dr. Bowe. **WHAT TO DO** This chronic condition can’t be cured, but it can be contained. To keep a scalp situation under control, go for a dandruff shampoo that has zinc pyrithione or selenium sulfide (such as Head & Shoulders or Selsun Blue) to inhibit the growth of fungus. If home treatments don’t work, your dermatologist can prescribe an anti-yeast or antifungal solution, or a topical steroid for flare-ups. **CAUTION** To cure what they suppose is a dry scalp, people tend to shampoo less often, says Dr. Bowe. Thing is, you need to cleanse your scalp daily to get rid of the oil that the yeast feeds on.

Shingles



WHAT'S GOING ON “Shingles presents first with skin pain that can precede the rash by hours to days,” says Dr. Choate. Then blisters crop up, typically on the torso, though they can appear anywhere on the body. First they’re watery, then they crust and dry out. Stressful events that weaken the immune system—an emotional trauma, an infection—can bring on shingles, a re-emergence of

the chicken pox virus that you may have had as a child. **YOU MIGHT MISTAKE IT FOR...** really, nothing else. Shingles is distinct because the blisters are usually unilateral (on one side of the body), following the distribution of a nerve. **WHAT TO DO** “If you experience sharp or burning pain in a line on your skin, go to the doctor quickly—the earlier you treat shingles with an oral antiviral medication, the less likely you are to have complications,” says Dr. Choate. Ibuprofen or acetaminophen can relieve pain. **CAUTION** Avoid ripping off the scabs, as the chicken pox virus is contained within the fluids, and you could spread it to someone else.

Psoriasis



WHAT'S GOING ON Large, silvery scales on the scalp, elbows and knees with underlying skin that’s itchy, painful and sometimes bloody are signs of this autoimmune condition. It tends to run in families with a history of other autoimmune diseases, such as rheumatoid arthritis or lupus, and may be triggered by a strep infection. The itch can be so severe that one study of sufferers published in *British Journal of Dermatology* found that it could affect quality of life as much as the visible rash. Like seb derm, psoriasis can be set off by stress.

WHEN IT'S MORE THAN JUST A RASH

Three times a rash could be a sign of something more than skin-deep.

THERE'S A TARGET

About 70 to 80 percent of Lyme disease cases present with a rash: a circular patch of red that may clear in the center, giving it a bull’s-eye appearance. (Not all Lyme rashes look like this.) Rarely itchy, it may be accompanied by headache, fever, chills, fatigue or body aches.

YOU'VE GOT A BUTTERFLY RASH

As in, red spots cover the cheeks and bridge of your nose and get worse with sun exposure. This is one of the major signs of the autoimmune disease lupus, along with fatigue, fever and joint pain.

YOU ALSO HAVE A FEVER AND SORE THROAT

Head to your primary care physician to get checked for strep.

See Your Doc ASAP If...
A rash spreads rapidly or is very painful, there's pus (a sign of infection) or the itch is so intense that it interferes with your life.

YOU MIGHT MISTAKE IT FOR... eczema. An MD will assess family history and may order a biopsy to determine whether you have it. **WHAT TO DO** See a doctor. If the psoriasis is limited to one area, a topical steroid can help; if it’s more widespread, you may also need meds to help regulate the immune process causing the rash. Medical phototherapy (exposing skin to ultraviolet light) can also be helpful. “It’s one of those

rare instances in which a doctor might encourage a patient to get sun exposure,” says Dr. Bowe, “since the UV light decreases the immune cells in the skin.” **CAUTION** Like Mom said, don’t pick—it really will make things worse.

Hives (urticaria)



WHAT'S GOING ON Raised red welts can be big or small and show up anywhere on the body; they’re often an allergic reaction to food or meds. They tend to itch or burn, and individual lesions usually don’t last more than 24 hours. **YOU MIGHT MISTAKE IT FOR...** bug bites.

WHAT TO DO Standard treatment is over-the-counter antihistamines. Benadryl is a popular choice, though it can make you sleepy. Some people prefer the less potent but less sedating Zyrtec, says Dr. Choate. A safe way to soothe the skin: Take an old cotton T-shirt, dampen it with lukewarm or cool water and lay it on your skin. If hives are accompanied by throat swelling, difficulty breathing, dizziness, nausea or vomiting—signs of an anaphylactic reaction—use an epinephrine autoinjector (if you carry one) and call 911. **CAUTION** Don’t apply rubbing alcohol. It may be cooling and make hives feel better for a bit, but it’s drying, so it could ultimately make them itch more. No, thanks! ■