

Skin Care & Digital Ulcers

Skin Care

One particular problem in long standing Raynaud's can be dryness and cracking of the skin. Sometimes ulcers may develop, especially on the fingers and toes. Dryness and irritation of the skin on the rest of the body can also occur, particularly with scleroderma.

What is dry skin?

Normal skin contains a high percentage of moisture (water) which is prevented from evaporation and drying out by a film of oil over the surface of the skin. Dry skin usually results from a failure to produce adequate levels of oil and this can be exaggerated by frequent washing which removes the oil. Care should be taken when using detergents. Wash with Aqueous Cream as a soap replacement. E45 and Oilatum creams are other non-drying alternatives to soap which clean effectively and help preserve the protective barrier allowing skin to retain its natural moisture.

Rehydrating the skin

The skin can be rehydrated and replenished by using bath emollients but be careful as they can make the bath slippery. Creams which contain lactic acid, urea or lanolin are effective moisturisers for the skin. A small number of people are sensitive to lanolin but this is quite rare and lanolin free products are available.

Controlling itching

Eurax cream, available over the counter, can relieve itching. Other preparations include menthol (1/2-2%) in aqueous cream and Balneum Plus oil and cream. E45 anti-itch cream and witch hazel lotion may help. Local anaesthetic creams (e.g. lanacaine) and Xepin cream (an antihistamine cream) are sometimes used but some people may be sensitive to the ingredients. Antihistamines by mouth, e.g. Piriton (chlorpheniramine) can be useful but can cause drowsiness. Other treatments include ultraviolet light treatment, which is available in most dermatology units.

Hiding blemishes

Sometimes small red spidery looking spots, like burst blood vessels may appear on the face, neck, mouth, lips and hands. These are called 'telangiectasia' and are harmless but can be embarrassing. They tend to occur mainly in people with the limited form of scleroderma. Laser therapy treatment is available or alternatively, camouflage creams can be either purchased or are available on prescription. The British Red Cross offer a free advisory Skin Camouflage Service through most dermatology clinics and the Internet. This aims to help people cope with disfigurement and blemishes and is available to both men and women. Skin camouflage may not be appropriate for everybody so a clinical referral from either a GP or a consultant is required.

Wax treatment

This can be beneficial for both Raynaud's and scleroderma sufferers and is used in hospitals and clinics as a medically approved method of alleviating pain. Wax baths are available for use in the home. The area of the body to be treated is dipped in and out of the wax, building up a solid layer and it is the warmth given off by the solidified wax which proves so beneficial. Following treatment the area should be gently massaged to encourage movement. However, it is important not to use a wax bath when you have open sores or ulcers.

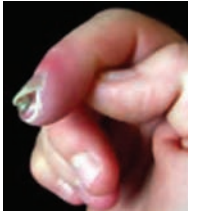
Physical protection

Rubber or PVC gloves prevent water and detergents coming into contact with the skin. It helps to wear cotton gloves as a lining. The cotton gloves can also be used at night when using creams to avoid them staining the bed linen. Barrier creams can also be a useful way of protecting your hands.

When spending time in the sun always choose a sunscreen which has a UVA (star rating) as well as UVB protection. Be sensible - try to avoid midday sun. Don't rely on shade especially near water. Light clothing which doesn't let light through should be used in combination with sunscreen.

Digital ulcers

It is unusual to develop digital ulcers in primary Raynaud's. However, in secondary Raynaud's when associated with scleroderma, repeated episodes of reduced blood flow to the fingers can cause pitted fingertip scars, and in some people this results in ulcers. These can also develop as a result of calcium deposits (calcinosis). A digital ulcer is a break in the skin which usually appears at the top of or underneath the finger nail. It can be extremely painful and can become infected, mainly due to the poor circulation and poor healing capacity making daily activities very problematic.



Finger Ulcer

There are classic signs of infection, in particular, much more pain, redness and heat. At this point it is important to start on antibiotics to try and stop the infection from getting any worse. Do seek medical advice from your specialist nurse as soon as possible, as treatments can often help to prevent further complications. Ulcers normally appear due to a combination of both vascular damage caused by the scleroderma and periods of deoxygenation of the tissue caused by Raynaud's attacks. They are usually triggered by trauma to the digit.

Prevention

If you are prone to developing ulcers, care should be taken to maintain good circulation by keeping your hands and feet warm and don't smoke. Try not to wash up too regularly and use a dishwasher if possible. Use soap substitutes such as aqueous cream and ensure that you moisturise your hands every time you put them in water. It is also important not to manicure your cuticles as this can lead to ulceration.

Tips

- Don't fiddle with an ulcer! It can last for months or even years but if you leave it alone it will heal more quickly.
- Keep the area around the ulcer clean.
- Try not to touch any area of broken skin because you could run the risk of further infection.
- See a nurse or rheumatologist if you think it looks or feels infected, as you are at risk of widespread infection.

Treatment of fingertip ulcers

There is no one way of treating a fingertip ulceration. Everyone is slightly different so what will work for one person may not necessarily work for the next. Signs of infection need to be assessed very carefully because infections can be very problematic. Doctors and nurses can take swabs and send them to the laboratory to find out what type of bugs are potentially worsening the situation. If there are signs of infection, seek treatment immediately.

Intravenous or oral antibiotics are often recommended. One antibiotic which is recommended is Flucloxacillin for seven days. If it doesn't improve a second course may be needed. In more severe cases, intravenous antibiotics may need to be prescribed.

Intravenous iloprost can have a significant benefit for some people with ulcers, although for a small number it can have unpleasant side effects such as nausea, headaches, flushing of the face and it can cause the blood pressure to drop. Iloprost helps to relax the blood vessels and increase the blood flow and reduces the stickiness in the blood. It needs to be given in hospital on either a three or a five day regime.

Bosentan (Tracleer) is sometimes used for the treatment of newly developing finger ulcers.

Viagra (sildenafil) has also been found to be helpful.

Digital sympathectomies have provided benefit for some individuals. This is a surgical procedure where the surgeon will cut the nerves to the arteries in the fingers. Recovery is usually fairly rapid. This method is usually only used for people who are in excruciating pain with their ulcers.

If you have ulcerations to the feet make sure that your podiatrist is aware that you have a diagnosis of Raynaud's and scleroderma. In people with calcinosis, ulcers are sometimes caused by calcium deposits breaking through the surface of the skin. These ulcers can be extremely painful and therefore medications to relieve pain are essential to help people cope but should be used on an intermittent basis.

Remember

All ulcers take a long time to heal and therefore great patience is required. By reducing the frequency of Raynaud's attacks and preventing digital ulceration, progressive damage to the blood vessels can be limited. This will lead to improvement in pain and increased independence.

Dressings for ulcers

Dressings must be sterile to prevent re-infecting yourself. If you have a practice nurse or a specialist nurse it is well worth making an appointment to be assessed. Treatments available from your doctor may include antiseptic or antibiotic ointments.

Recommended dressings include:

- **Inadine** - This is impregnated with iodine. An orange residue can be seen on the skin from the iodine but this can be cleansed off with water. It is licensed for use on infected ulcerated wounds. However, if you are sensitive to iodine then you should not use it.
- **Mepitel** - This is made of flexipolimide and is coated with a soft silicone. It is slightly tacky so it is easy to put on and shape to the ulcer. It prevents maceration, which means a softening of tissue surrounding the ulcer that can lead to further breakdown of the wound area.
- **Allevyn** - This consists of a layer of foam about 4mm thick and is very comfortable.

It may be advisable to wear a splint at times and worth discussing with your occupational therapist, especially if your fingers are curling. Ulcers can still occur on bent fingers, usually on the knuckles which is a difficult place to apply a dressing.



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