

INTRODUCTION

Chronic actinic dermatitis (CAD) is a rare form of photosensitivity that often presents with pruritic eczematous eruptions to sun-exposed areas (1). Treatment is challenging and requires trial of multiple agents (1). This case emphasizes the challenges of CAD and the negative impact that it can have on patient quality of life.

CASE

- Gentleman in his 70s with a 5-year history of photodermatitis (Fig 1)
- Biopsies revealed acanthosis, hypergranulosis, and spongiosis (Fig. 3)
- Minimal benefit with topical clobetasol
- Improvement with oral prednisone and tacrolimus
- Hyperpigmentation and lichenification remained, along with weight gain and increased photosensitivity
- Tacrolimus was discontinued because of increased photosensitivity
- Significant relief of symptoms after discontinuing hair dye (Fig. 2).
- Prescribed topical clobetasol, oral steroid, and instructions to stop applying hair dye
- Improvement of symptoms noted at subsequent visits



Figure 1 Initial presentation



Figure 2 Presentation showing improvement after 2 years of treatment and discontinuation of hair dye

DISCUSSION

- Refractory CAD is treated with topical steroids, oral steroids, calcineurin inhibitors, and methotrexate. Immunotherapy with dupilumab has also shown effectiveness in severe cases (2)
- 3-4 medications without relief while experiencing many side effects
- CAD is related to contact allergies where improvement comes from avoidance of allergens (3)
- Important to tailor treatment to maximize the patient's goals of care and improve quality of life

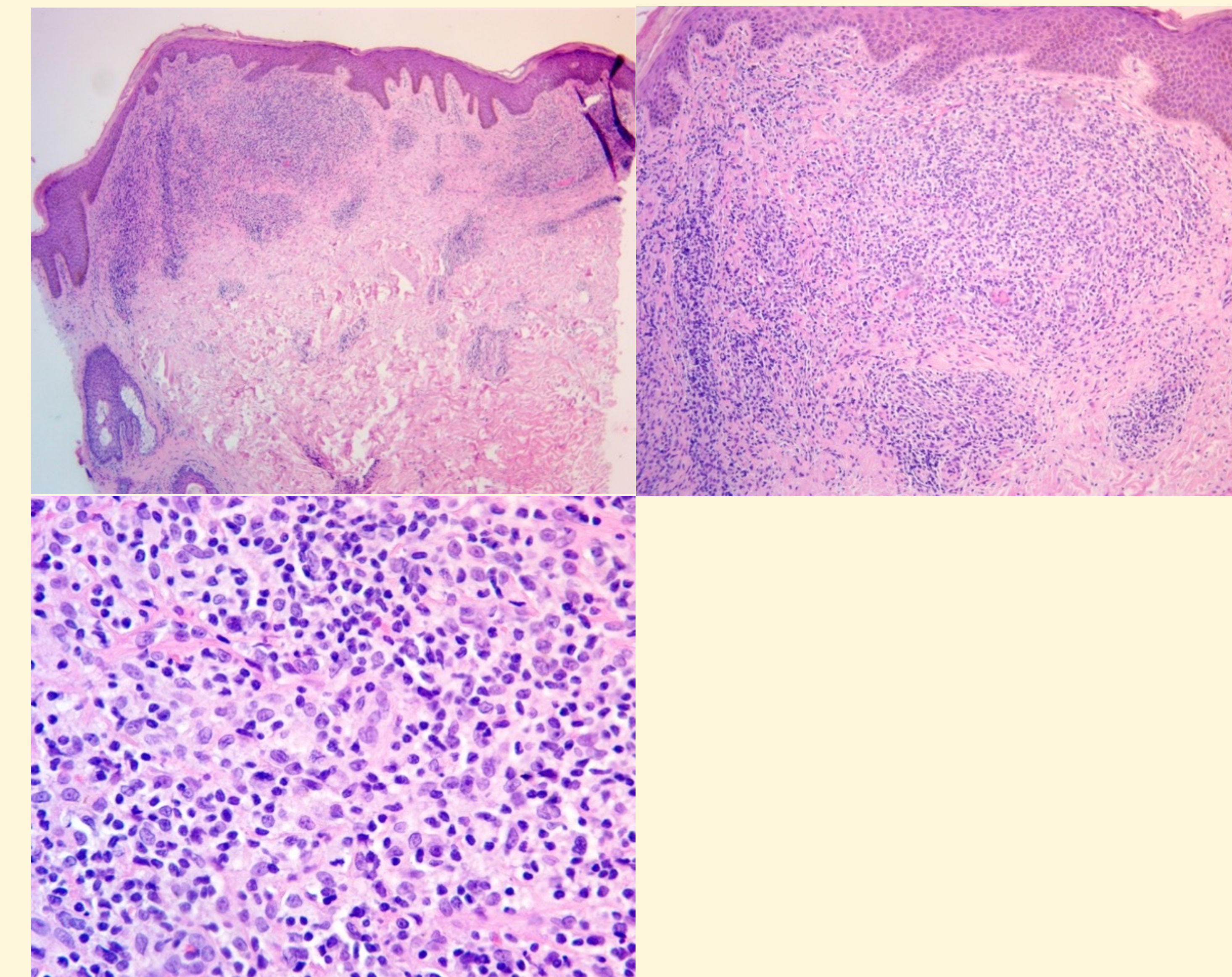


Figure 3 Histology. High, medium, and low power imaging of biopsy, revealing acanthosis, hypergranulosis, and spongiosis significant for CAD

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