Dear Alice,
For about two months now my whole body had been itchy and will sometimes break out into a rash. I tried switching soaps and laundry detergent; I just don't know what it is. It's on my arms, legs, back, inner thighs, feet, etc. I'm scared and really want to find out what's wrong and stop itching.

Answer

Dear Reader,

Rashes and itchy skin are difficult to deal with?not only do they cause physical discomfort, but they can also be quite unsightly. These skin conditions are usually mildly painful, but fortunately, they're generally not indicative of more serious health concerns. Rashes like the one you describe usually result from environmental factors, not internal health issues.

A common skin condition called dermatitis may be the source of your itchy skin. If your skin is red, sore, or inflamed, you may be experiencing contact dermatitis. Contact dermatitis occurs when your skin comes into contact with an irritant or allergen, and often looks and feels much like a burn. There are two types of contact dermatitis:

- **Irritant dermatitis** occurs when the skin comes into contact with acidic substances such as soaps, detergents, and fabric softeners. You mentioned that you?ve switched soaps and laundry detergent, so it?s possible that your skin is reacting to another irritant, such as latex gloves, shampoos, pesticides, hair dyes, or cement.

- **Allergic contact dermatitis**, which usually manifests as a streaky or patchy rash, occurs when the skin touches or rubs against various allergens. Although allergens vary from person to person, common ones include nail polish, fragrances, topical antibiotics, eyelash or toupee adhesives, nickel, poison ivy or oak, and latex. Allergic contact dermatitis might appear even if you?ve been exposed to the allergen many times before with no previous reaction. However, it can take 24 to 48 hours for the rash to even appear post-exposure, which complicates the process of narrowing down the exact source of the reaction.

There are a few ways to treat irritant and allergic dermatitis. If your rash doesn?t improve after trying the following methods for two to three weeks, consider visiting your health care provider or a dermatologist. A few things to try:
• Rinse the affected area with plain lukewarm water to get rid of any residual traces of the irritant or allergen on the skin.
• Use mild, fragrance-free emollients or moisturizers to keep the skin moist.
• Apply over the counter corticosteroid skin cream or ointment to reduce inflammation. Use corticosteroids sparingly, however, because overuse may lead to additional skin concerns.

If your rash doesn’t improve after treatment and you’re concerned about allergic contact dermatitis, your health care provider can conduct allergy skin patch tests to test common allergens and pinpoint to what exact substance your skin is reacting.

There are a few other common skin conditions you might be experiencing, all of which should be diagnosed and treated by a health care provider:

• **Seborrheic Dermatitis** [2]: Symptoms include flaky, white or silver-colored scales, accompanied by unusually oily skin. Various steroid creams and antifungal lotions are used to treat this condition.
• **Atopic Dermatitis**: A chronic skin condition characterized by an itchy, scaly rash, usually caused by hypersensitive skin. Often called **eczema** [3], this condition is common among children. Treatment includes topical steroids and emollients.
• **Psoriasis** [4]: A red, irritated rash with silvery-white patches of skin, usually found on the scalp, elbows, and knees. This condition usually does not appear until early adulthood.

If you follow the tips described above without success, or if your skin condition worsens, you might want to reach out to your health care provider. If you’re a Columbia student, feel free to schedule an appointment with Medical Services [5] on the Morningside campus via Open Communicator [6] or by calling (212) 854-2284. If you’re a student at the Medical Center campus, try reaching out to Student Health [7] for further information.

Alice!
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