



Red Skin Syndrome: Topical Steroid Addiction and Withdrawal



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Thousands are sharing their stories to help others avoid this excruciating experience!



Introduction

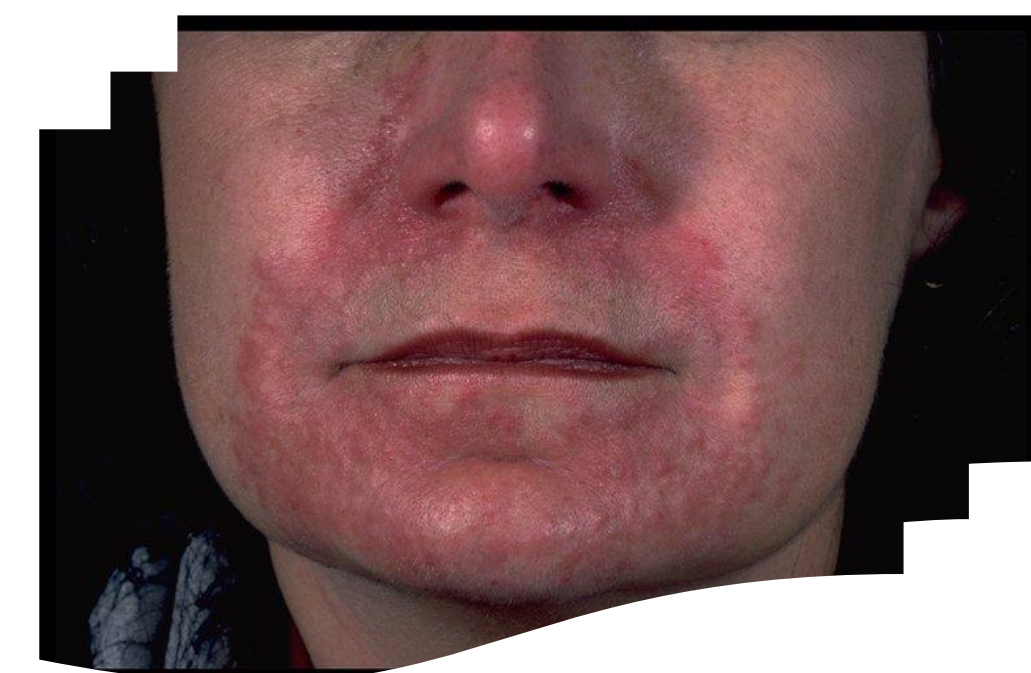
- Corticosteroids, often known as "steroids", are man-made drugs that closely resemble cortisol, a hormone produced naturally by the adrenal gland, to regulate growth and immune function. They are anti-inflammatory medications prescribed for a wide range of conditions.
- Topical steroids (applied to the skin & mucous membranes), are the most common prescribed medications for eczema, and were introduced into medicine about 50 years ago. They represent a significant milestone in dermatologic therapy.
- Topical steroids are only applied to the diseased area, and absorbed into the cells of the skin where they stop them from producing many chemicals that induce inflammation, thereby, relieving related symptoms.¹



Adverse effects of topical corticosteroids

Most frequent

- Skin atrophy
- Striae
- Steroid rosacea
- Perioral & periocular dermatitis
- Acne
- Purpura³



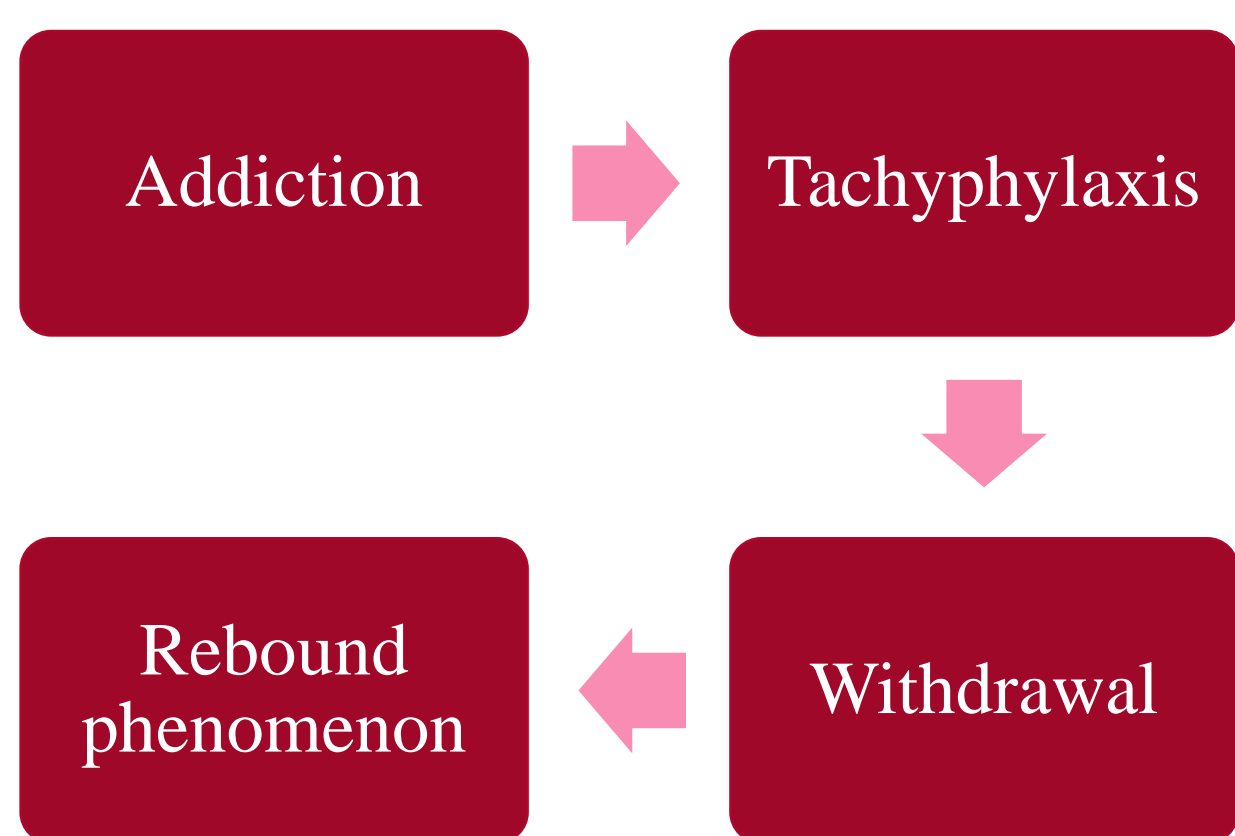
Less frequent

- Hypertrichosis
- Pigmentation alterations
- Delayed wound healing
- Exacerbation of skin infections³



What is a red skin syndrome?

Red Skin Syndrome (RSS), also known as Topical Steroid Addiction (TSA) or Topical Steroid Withdrawal (TSW), is a debilitating condition that arises when someone uses topical steroids for a long term & becomes addicted to them and once ceased, the symptoms worsen.²



What are the characteristics of RSS?

1- During addiction phase (after 4-6 weeks of frequent usage):

- Rebound redness between applications
- Spreading rashes
- Intense itching, burning & stinging
- Failure to clear with usual course of treatment, requiring high potent steroids
- Increased allergic response (reduced with ice compresses)²

2- During withdrawal phase:

- Skin atrophy (elephant wrinkles)
- Mild flare & reoccurring erythema followed by desquamation
- Inflamed sleeves
- Flaking of skin (snowing)
- Pruritus
- Oozing exudate²
- Thermoregulatory changes & hypersensitivity
- Nerve pain
- Edema and vesiculation
- Hair loss
- Insomnia and appetite changes
- Depression & anxiety²



Management of RSS

- ❖ There have been no proven medication or methods to speed the cure of RSS.
- ❖ Since RSS is an iatrogenic condition, treatment aims at complete stoppage of the topical steroid (TS) and reversal of the skin damage.
- ❖ While some advocate a sudden complete cessation of TS with supportive measures, others prefer a slower form of withdrawal with tapering potency of TS, to prevent the extremely distressing rebound.
- ❖ The duration required for complete withdrawal & resolution of the symptoms depends on duration and potency of the TS misuse.
- ❖ A lot of psychological support is often required at this stage.
- ❖ Oral steroids may be necessary in patients with adrenal suppression.
- ❖ Oral antihistaminics may be required to control the associated pruritus.^(2,4)

Conclusion

- ❖ Corticosteroids are exogenous glucocorticoids that have a wide range of uses in medicine owing to their potent anti-inflammatory effects.
- ❖ Topical corticosteroids manifest effective results in patients when used appropriately.
- ❖ Doctors should be cautious when prescribing steroids, specially regarding children because they are at high risk of systemic absorption, and should warn their patients of the possible misuse outcomes.
- ❖ Patient compliance is a must.
- ❖ Many patients report complete long-term clearance of the associated symptoms once the withdrawal phase is complete.

References

- 1) Topical Steroids 101 - ITSAN. ITSAN. 2017. Available at: <http://itsan.org/topical-steroids-101/>. Accessed March 30, 2017.
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- 3) EczMag. Eczmagcom. 2017. Available at: <http://eczmag.com/topical-corticosteroids-adverse-effects/>. Accessed March 28, 2017.
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