## **Hand Eczema Prognosis**

Robert S. Kirsner<sup>1</sup> and Shasa Hu<sup>1</sup>

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Hand eczema is a common, prevalent condition (Meding and Järvholm, 2002). In many patients it assumes a chronic and relapsing state that persists over long periods of time. In a 15-year follow-up study of individuals with hand eczema, Meding and colleagues (2005) previously identified several factors of importance in predicting which patients are likely to have a chronic course. Among the factors that negatively impacted prognosis were extent of eczema involvement at initial presentation, history of childhood eczema, and being younger than 20 years of age at onset of disease. In this issue of the Journal of Investigative Dermatology, Meding et al. (2007) further examine factors that may influence long-term prognosis of patients with hand eczema. Using 868 of the original patients examined in 1983, and evaluating patients' initial extent of involvement and the number of different morphologic



lesions they had at presentation, they determined the effect of these parameters on long-term prognosis. The authors found that the extent of involvement correlated with a polymorphic presentation, but having many types of lesions did not significantly affect the ability to predict patient outcome. Through the following questions we will delve into this paper in greater detail. For brief answers go to http://network.nature.com/group/jidclub.

## REFERENCES

Meding B, Järvholm B (2002) Hand eczema in Swedish adults—changes in prevalence between 1983 and 1996. *J Invest Dermatol* 118:719–23 Meding B, Wrangsjö K, Järvholm B (2005) Fifteen-year follow-up of hand eczema: predictive factors. *J Invest Dermatol* 124:893–7

Meding B, Wrangsjö K, Järvholm B (2007) Hand eczema extent and morphology—association and influence on long-term prognosis. J Invest Dermatol 127:2147–2151

## **QUESTIONS**

- 1. What disease is being studied in this article?
- 2. "HiEx" and "LoEx" as well as "HiMo" and "LoMo" are used to dichotomize the population studied. How and why were these chosen?
- 3. The maximum possible score with respect to extent is 74 yet the mean was 5.2. Is it typical to have such "mild" (low mean score compared to maximum score) disease when these types of scoring systems are used?
- 4. What is the outcome of interest in this study? What other outcomes could have been used to test the same hypothesis?
- 5. How might the results of this study impact clinical practice?

Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, Florida, USA