What is the best duration of steroid therapy for contact dermatitis (rhus)?

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**Clinical Inquiries**

**Evidence-Based Answer**

Scant evidence exists for the best duration of steroid therapy for contact dermatitis due to plants (rhus). Review articles recommend 10 to 21 days of treatment with topical or oral corticosteroids for moderate to severe contact dermatitis due to plants (strength of recommendation [SOR]: C, based on review articles). The primary reason given for the duration of 2 to 3 weeks is to prevent rebound dermatitis.

**Clinical Commentary**

Prescribe oral steroids for severe cases

Evidence for the best treatment of rhus dermatitis is negligible. Most recommendations stem from review articles and expert opinion. Rhus dermatitis is one example of a disorder for which we must fall back on our logic and personal experience. Since the painful itchy blisters and erythema from the oleoresin may take up to 1 week to appear, and because the rash may persist for more than 2 weeks, it makes sense to prescribe oral steroids in severe cases for longer than the usual 5- to 7-day burst. Habif, a popular dermatology text, suggests gradually tapering steroids from 60 to 10 mg over a 14-day course. In the absence of any randomized controlled trials (and remembering my patient who bounced back after I only gave 1 week of steroids), I will continue to prescribe 14 days of oral steroids.

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**Evidence summary**

No published studies compare varying durations of treatment with steroids for contact dermatitis due to plants, including rhus. Many review articles refer to rebound dermatitis when using courses of oral steroids (such as Medrol dosepaks) for fewer than 14 days. One case report noted failure of a tapering dose over 5 days of oral methylprednisolone for treatment of poison ivy contact dermatitis.

Most review articles recommend systemic steroids for severe poison ivy contact dermatitis, but these articles do not define “severe,” describe the taper, or give a definite length of treatment. One review recommends a tapering dose of oral prednisone to prevent rebound recurrence if the rash affects >25% of the body surface area, has severe blistering or itching, or significantly involves the face, hands, or genital area. That review suggests starting with oral prednisone 60 mg/d for 4 days, followed by a 10-day taper (50 mg/d for 2 days, 40 mg/d for 2 days, 30 mg/d for 2 days, 20 mg/d for 2 days, then 10 mg/d for 2 days).

Another review recommends using systemic steroids for severe cases, defined as involvement of greater than 20% of total body surface area, bullae formation, or extensive facial involvement. That review recommends a starting dose of 1 mg/kg/d, or 40 to 60 mg/d in adults, followed by a 2- to 3-week taper of oral...
Because the rash may persist for more than 2 weeks, it makes sense to prescribe oral steroids for longer than 5 or 7 days.

**References**