

# Improvement of venous dermatitis-related leg xerosis with ceramides-containing cleansers and moisturizers – an expert-based consensus

Robert S. Kirsner, MD PhD<sup>1</sup>, Anneke Andriessen, PhD<sup>2</sup>, Jason R. Hanft, DPM FACFAS<sup>3</sup>, Shasa Hu, MD<sup>1</sup>, William A. Marston MD Vascular Surgeon<sup>4</sup>, Lee C. Ruotsi MD ABWMS CWS-P UHM<sup>5</sup>, Gil Yosipovitch MD<sup>1</sup>

1. Dr Phillip Frost Department of Dermatology & Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL. 2. Radboud UMC, Nijmegen and Andriessen Consultants, Malden, The Netherlands. 3. Podiatric Surgery Specialist, Foot & Ankle Institute of South Florida, South Miami, FL; South Miami Hospital, South Miami, FL. 4. Professor of Surgery UNC Hospitals Heart and Vascular Center at Meadowmont; Medical Director, Wound Management Center, Chapel Hill, NC. 5. Saratoga Hospital Center for Wound Healing and Hyperbaric Medicine. Saratoga Springs, NY.

## Introduction:

Chronic venous insufficiency (CVI) may lead to hypertension in the dermal microcirculation.<sup>1-3</sup> Risk factors include advanced age, obesity, female gender, pregnancy, and prolonged standing. Due to CVI in the lower extremities, reflux (Fig 1), venous dermatitis and xerosis may develop (Table 1).<sup>3-5</sup> This review explores skin barrier restoration using skincare for venous dermatitis-related leg xerosis.

## Methods:

Prior to the meeting, a structured literature search yielded information on fourteen draft statements. During the meeting, the authors adopted five statements supported by the literature and the authors' clinical expertise.

## Results:

Table 1: Clinical staging as part of the CEAP classification

Stage	Description
C0	No visible signs of venous disease
C1	Spider veins and reticular varicose veins
C2	Varicose veins with no signs of chronic venous hypertension
C3	Edema (Fig 2)
C4	Skin changes
C4a	Pigmentation, Dermatitis (fig 3 and fig 4)
C4b	Lipodermatosclerosis, Atrophie blanche
C5	Healed venous leg ulcer
C6	Venous leg ulcer

Fig 1: CVI, reflux, and incompetent venous valves

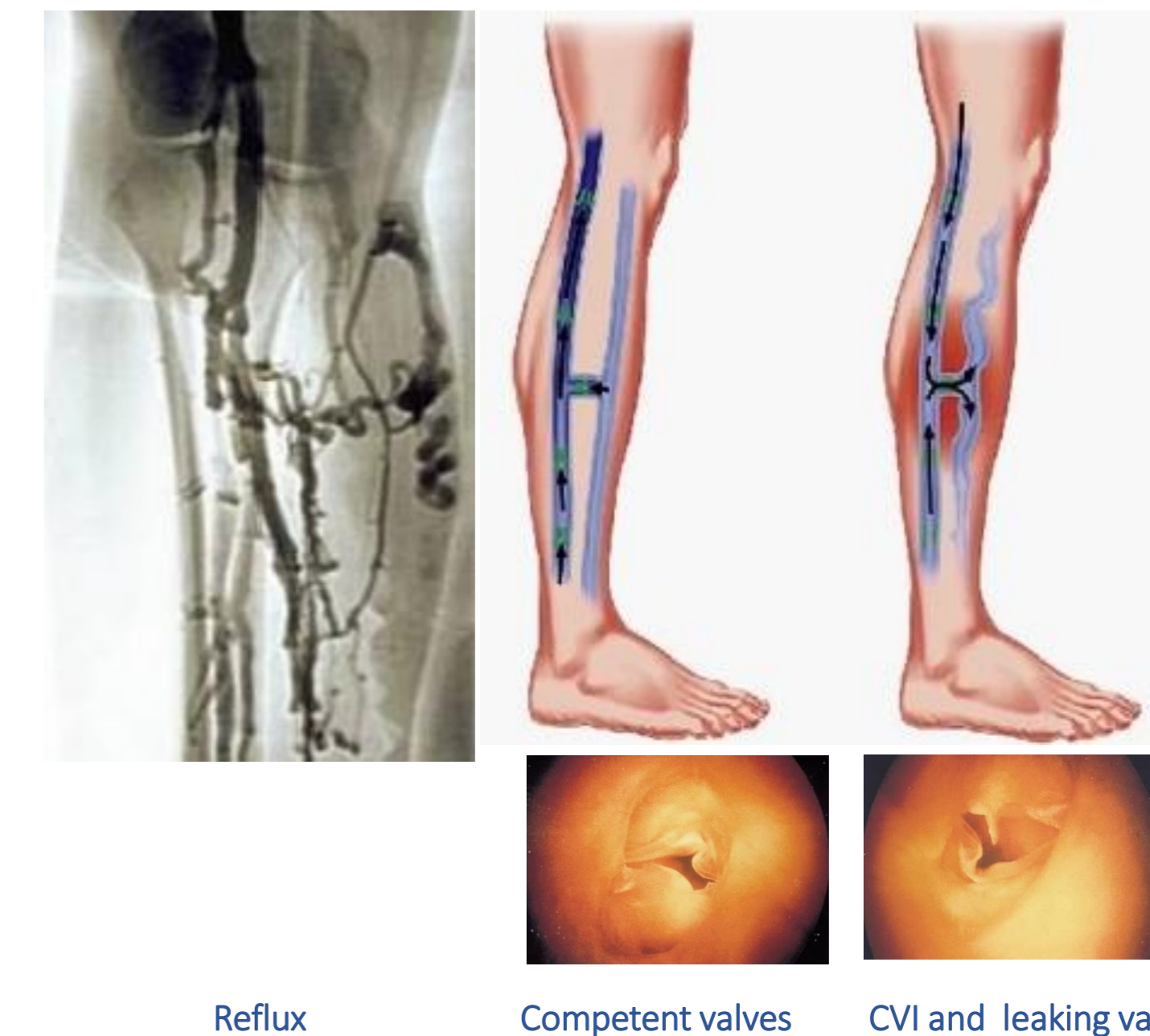


Fig 2: Venous edema



Fig 3: Pigmentation



Fig 4: Venous dermatitis



Fig 5: leg xerosis



No	Statements
Statement 1	Venous dermatitis is a common inflammatory dermatosis of the lower extremities occurring in patients with chronic venous insufficiency. Risk factors include age, deep vein thrombosis, heart failure, obesity, diabetes, and prolonged sitting/standing (Table 2). <sup>1-3</sup>
Statement 2	Compression is the standard therapy for CVI; it has been shown to reduce edema and improve superficial skin lymphatic and venous function and transport. <sup>4,5</sup>
Statement 3	Compression therapy should be combined with good-quality skincare to enhance adherence to and impact of treatment. <sup>4,5</sup>
Statement 4	Maintaining an intact skin barrier by preventing and treating xerosis using gentle cleansers and ceramide-containing moisturizers may improve the skin sequelae of CVI. <sup>6-8</sup>
Statement 5	Skincare is frequently lacking or overlooked as part of the treatment of patients with CVI and venous dermatitis. This skin treatment is an unmet need that can be addressed with ceramides-containing ph balanced cleansers and moisturizers. <sup>6-8</sup>

Table 2: Venous dermatitis

<b>Dermatologic presentation</b>	Poorly demarcated erythematous rash, plaques, pitting edema
<b>Associations</b>	Advanced age, obesity, female gender, pregnancy, prolonged standing
<b>Etiology</b>	Venous insufficiency leading to edema and inflammation
<b>Characteristics and location</b>	Gravity-dependent regions such as lower extremities
<b>Histology</b>	Dermal fibrosis, perivascular lymphocytic infiltrates, extravasated erythrocytes, small blood vessel proliferation
<b>Diagnosis</b>	Clinically; can be confirmed by venous duplex ultrasound
<b>Treatment</b>	Treatment of underlying venous insufficiency, compression stockings, emollients, anti-inflammatory agents

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## Conclusion:

Compression therapy is the mainstay of treatment for CVI and venous dermatitis. Quality skincare can improve treatment adherence and the efficacy of compression therapy. Using a skincare agent may reduce friction and help patients avoid skin trauma while putting on compression garments. A ceramides-containing moisturizer sustained significant improvements in skin moisturization for 24 hours and may offer benefits together with compression treatment.

#Ceramides-containing skincare (CeraVe cleanser and Moisturizing Cream),

Supported with an educational grant from CeraVe USA