ALCOHOL ABUSE AND THE SKIN

Alcoholic beverages have long been used for their pleasurable taste and sociability effects. Approximately 2 billion people worldwide consume alcoholic beverages, of which 76.3 million have alcohol abuse problems. Alcohol-related diseases are the 4th leading cause of death in the world.[1] Alcohol is directly toxic to the liver, resulting in fatty liver, alcoholic hepatitis, and cirrhosis. Other medical consequences include cardiac diseases, an increased risk of certain cancers and nutritional deficiencies. Alcohol use also impairs judgment and driving-related skills, resulting in significant morbidity and mortality from motor vehicle accidents.

Alcohol consumption can have a variety of cutaneous manifestations. A recent study revealed that out of 200 alcoholics examined, 91% had cutaneous, nail, hair or oral cavity changes. Oral changes were the most common, seen in 53.5% of alcoholics, while changes related to nutritional deficiency were seen in 10%. Nail changes were noted in 25.5%, with koilonychias or nail spooning being the commonest (16%). Tinea versicolor (14%) and seborrheic dermatitis (11.5%) were the commonest cutaneous changes noted.[2]

DERMATOLOGIC MANIFESTATIONS OF ALCOHOL USE AND ABUSE

Extensive alcohol use may cause vasodilatation of the blood vessels, leading to spider telangiectasias over the face, V of the neck, upper chest and arms. Palmar erythema, or "liver palms", and persistent facial redness are other vascular findings associated with alcohol abuse.

Jaundice is another well-recognized manifestation of alcoholic liver disease and refers to the yellowish discoloration of the skin and mucous membranes resulting from bilirubin deposition in the tissues.[3]

Around 40% of patients with alcoholic liver disease suffer from severe generalized pruritus.[4]

Multiple nail changes can be observed in the alcoholic patient. The most recognized of these nail changes is "Terry's nails" seen in 80% of patients with cirrhosis, in which the proximal two thirds of the nail is white and the distal 2 mm is pink.[5]

Alcohol consumption was also shown to enhance the risk of squamous cell carcinoma of the oral cavity and upper digestive tract carcinomas.[6]

EXACERBATION OF PRE-EXISTING SKIN DISEASE

Alcohol abuse is a risk factor for psoriasis in both men and women. Although there is no relation of alcohol abuse to the onset of psoriasis, the extent of involvement has been correlated with alcohol intake. Alcohol abusers are more resistant to therapy, and the distribution of the plaques is more on the acral areas.[3]

Rosacea is another disorder exacerbated by alcohol use because of the alcohol-induced vasodilatation and subsequent temperature increase.

Seborrheic dermatitis is twice as common with alcohol abuse.[7]

In addition, alcohol abuse is a significant risk factor for medical complications from surgery. These patients will have higher rates of wound infections, bleeding diathesis, and hypertensive episodes.

Rim Ishak, MD
Abdul-Ghani Kibbi, MD, FACP

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