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INTRODUCTION

Contact dermatitis is a common inflammatory dermatosis that follows skin exposure to an external agent and presents with **erythematous, pruritic lesions**. Its two recognized forms involve distinct mechanisms. **Irritant contact dermatitis** arises from direct, non-immunological cutaneous inflammation; **allergic contact dermatitis** corresponds to a delayed T cell-mediated hypersensitivity response after re-exposure. Typical signs are erythema, scaling and pruritus. Acute disease may include vesicles or bullae, while chronic involvement may produce lichenification and fissures.⁴ This study assessed **the tolerance and effectiveness of a novel emollient plus** (containing active ingredients) in adults with contact dermatitis, focusing on **discomfort** (including pruritus) and **overall skin condition**.

⁴Usatine RP, Riojas M. Diagnosis and management of contact dermatitis. Am Fam Physician. 2010 Aug 1;82(3):249-55. PMID: 20672788.

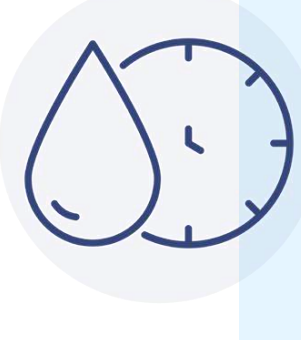
MATERIALS & METHODS



This study was conducted in **Mauritius** between **March and May 2025** during the transition of austral summer to austral winter.

In total, **32 adults aged 19 to 65 years** old with allergic (n=15) or irritant (n=17) contact dermatitis were included. Participants **had Fitzpatrick phototypes III-V** and diverse ethnic backgrounds (Caucasian 13%, Asian 3%, Indian 25%, African 44%, mixed 16%).

In half of the participants, disease onset was >6 months before inclusion. Participants with allergic contact dermatitis had used topical corticosteroids prior to inclusion but remained symptomatic, supporting study eligibility.



Study visits

Visit 1 (D0) began with participants refraining from all skincare applications except those required for routine hygiene.

Once acclimatization was complete, a dermatologist examined the **affected facial and/or body areas**. Xerosis and roughness were scored as **clinical signs** on a 0–9 scale, while **disease extent** was expressed in palm units. **Functional symptoms**—discomfort, pruritus, intensity of the urge to scratch, and effects on daily activities—were rated by participants using 0–9 scales and an 11-point numerical rating scale (NRS, 0–10). Participants then received the investigational emollient and a daily log for home use.

Functional symptom self-assessments were repeated at home on D7.

At Visit 2 (D28), **adherence** was reviewed before the **clinical and participant assessments** were repeated. Adverse events, concomitant treatments, and product tolerance were documented through an investigator evaluation and a questionnaire completed independently by the participants.

RESULTS

Dermatologists' assessment

Over 28 days, participants applied the balm to affected areas a mean of twice daily. Dermatologist-assessed skin condition improved markedly by D28, with statistically **significant reductions in xerosis (-73%), roughness (-71%) and extent of affected areas (-73%)** (each with p<0.001 versus D0).

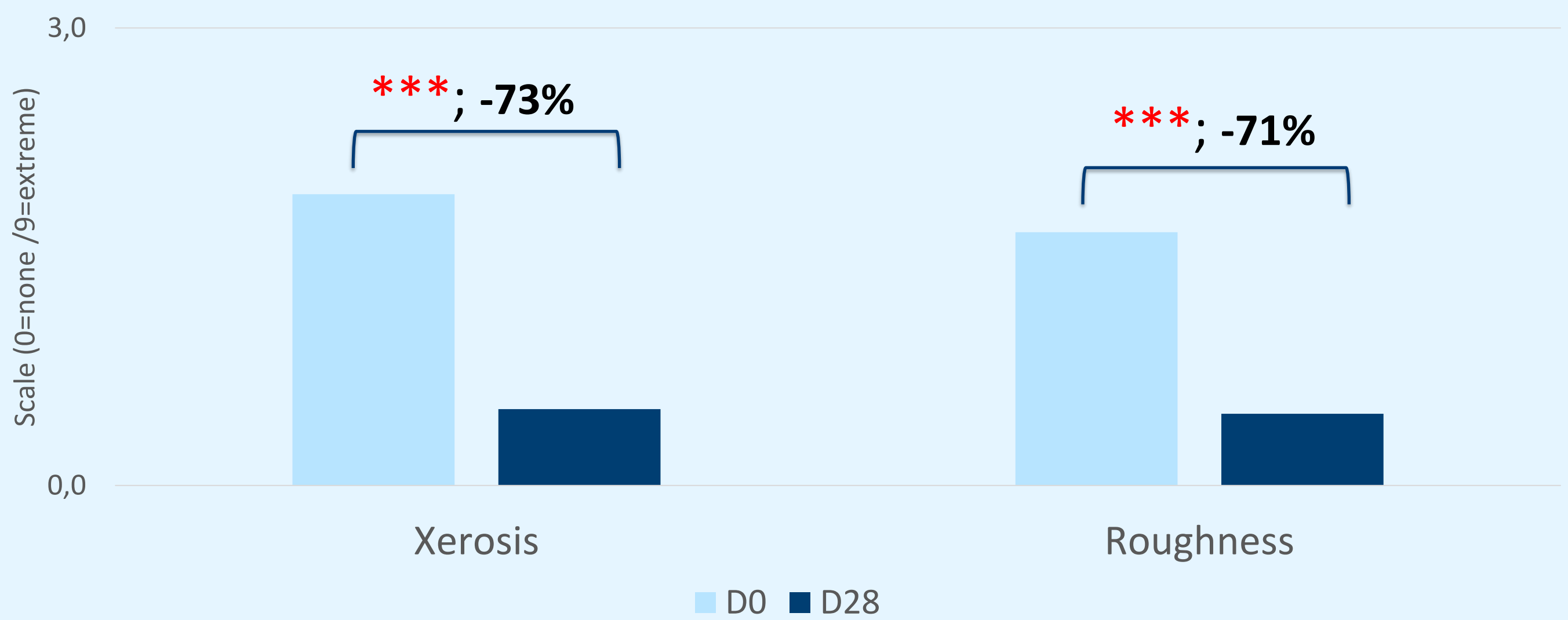
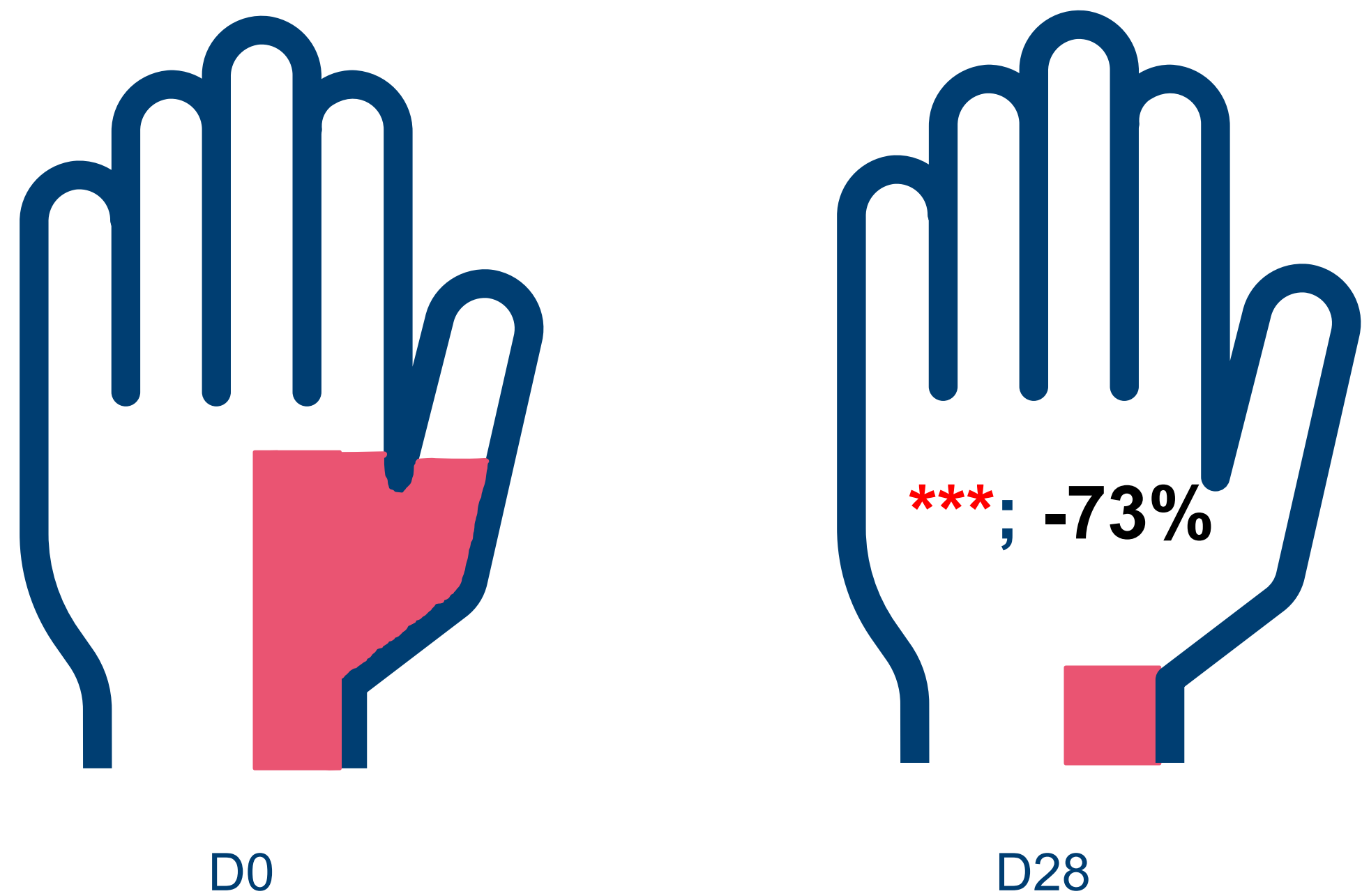


Figure 1 – Evolution of the mean value of xerosis and roughness versus D0 (***, p<0,001; Wilcoxon signed rank-test)



*Scale in palm units : 0=no extension - 1=1/4 palm - 2= 1/2 palm – 3= 3/4 palm – 4= 1 palm – 5 = >1 palm

Figure 2 – Evolution of the mean value of the extent of the affected areas versus D0 (***, p<0,001; Wilcoxon signed rank-test)

Subject's assessment

Functional symptoms improved significantly as early as D7, with further gains by D28.

Discomfort decreased by -76% at D7 and -91% at D28; pruritus by -70% and -89%; and urge to scratch by -73% and -88%, respectively (each p<0.001 versus D0). Consistently, limitations in work and personal activities due to itching decreased by -71% at D7 and -91% at D28 (each with p<0.001 versus D0).

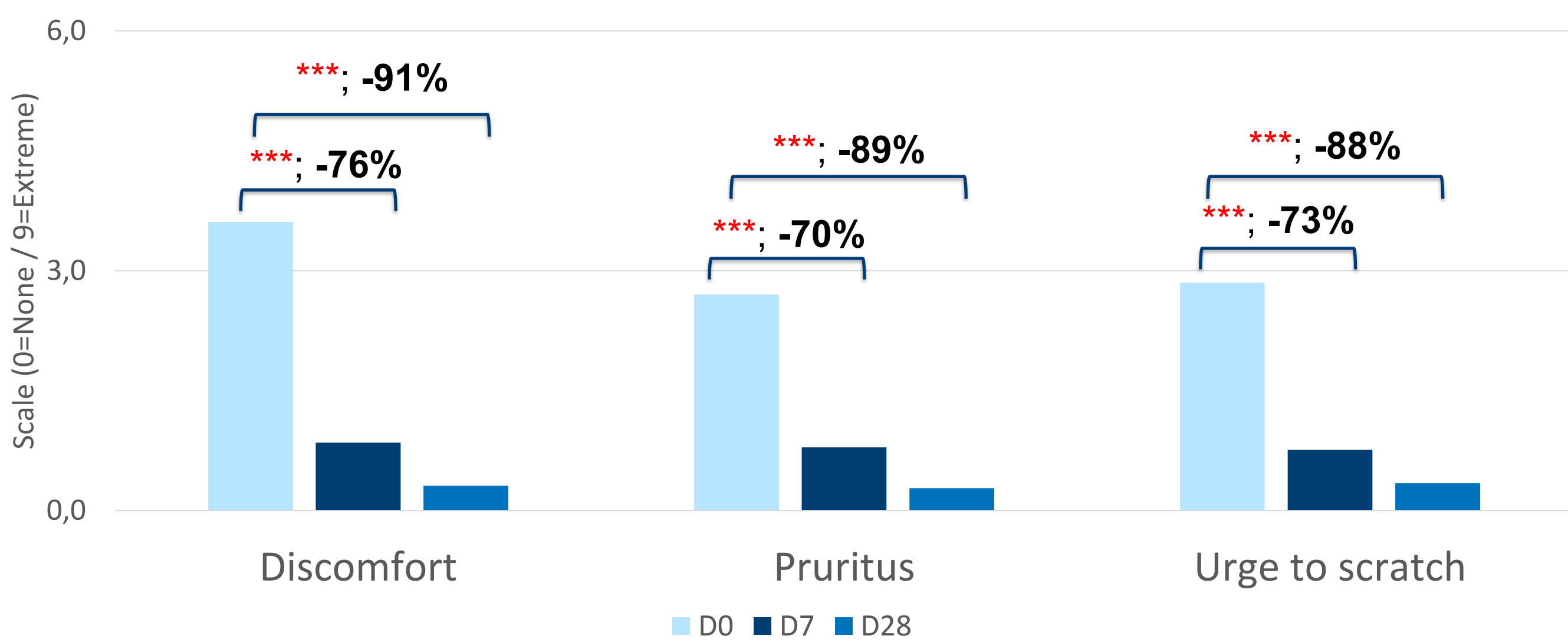


Figure 2 – Evolution of the mean value of discomfort, pruritus and urge to scratch versus D0 (***, p<0,001; Wilcoxon signed rank-test)

The product was very well tolerated and was highly appreciated for immediate and long-lasting relief of pruritus and discomfort, perceived spacing of flare-ups, and improvement in skin appearance.

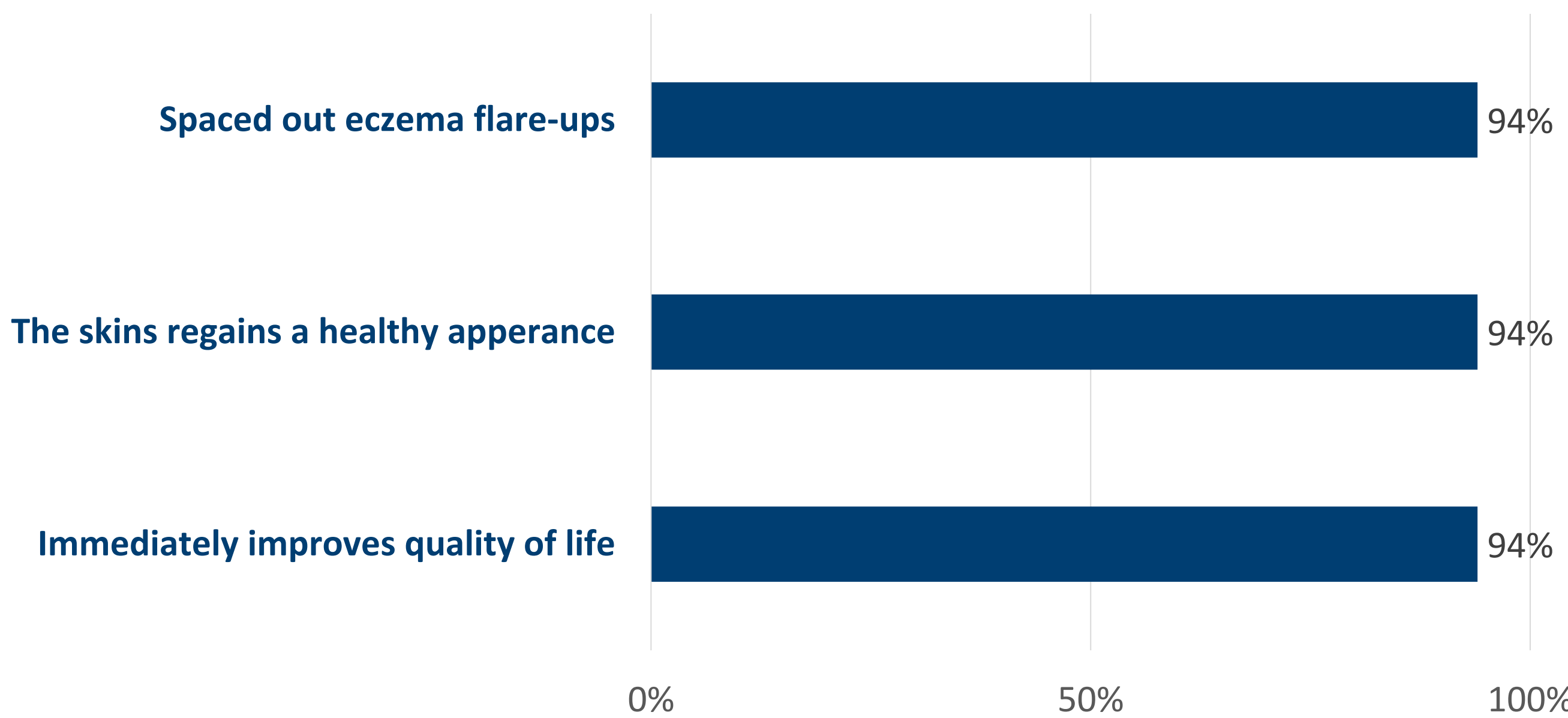


Figure 3 – Evaluation of the effects of the balm emollient plus on the skin by the volunteers at D28 (Agree, Somewhat Agree)

CONCLUSION/DISCUSSION

In this open-label study in adults with irritant or allergic contact dermatitis, twice-daily use of a novel emollient plus for 28 days **was well tolerated** and associated **with substantial improvements in clinician-rated skin condition and patient-reported symptoms**, particularly **pruritus** and **urge to scratch**, with a concomitant reduction in daily activity impairment. These findings support this **novel emollient plus** as a **useful adjunctive skincare option for contact dermatitis-related skin impairment and discomfort**.