CD Part 8

Skin Diseases

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A. Definitions

The following definitions are for words used in this chapter and during the SSA disability process. If you need additional definitions, consult a good medical dictionary, available in most bookstores and libraries. You can also look at online medical dictionaries like the one at nlm.medlineplus.gov.

Acne. Disorder of pilosebaceous glands that can produce comedones, pustules, and pus-filled cysts and inflamed nodules.

Actinic keratosis. Scaly skin lesion resulting from excessive exposure to sunlight or other forms of ultraviolet (UV) light. Actinic keratoses are not cancerous and their early stages can easily be removed with liquid nitrogen.

Acute. Limited in duration.

Allergic rhinitis. Allergic condition involving the mucosa of the nose, resulting in itching and congestion; hay fever.

Atopic dermatitis. A common chronic, itching, inflammatory, skin disorder usually associated with a personal or family history of allergic disorders like asthma or allergic rhinitis. Atopic dermatitis may result in eczema. It can occur in infants, children, and adults.

Axilla. Armpit.

Basal cell carcinoma (BCC). A form of cancer, strongly associated with exposure to excess sunlight or other forms of ultraviolet (UV) light. BCC rarely spreads to other organs and if caught early can usually be controlled.

Blister. An elevation of the epidermis that contains fluid. A blister will run out if punctured, and the blister will collapse.

Bulla. A blister more than 0.5 centimeter (1/5 inch) in diameter.

Bullous pemphigoid. A pemphigus-like disorder, usually affecting the elderly over 60 years of age. Also known as *parapemphigus*.

Chronic. Persistent.

Collodion. A liquid chemical applied to the skin that dries to a transparent film and is used to cover small wounds or hold dressings or medications on the skin.

Comedo (pl. comedones). A noninflamed lesion of acne, consisting of a plug of sebum, bacteria, and keratin (proteins found in the epidermis, hair, and nails) in a pilosebaceous gland follicle. A closed comedo is associated with a narrow or closed opening into the follicle and is also known as a whitehead or milium. An open comedo is associated with a wide opening into the follicle so that the plug is visible and is commonly known as a blackhead.

Congenital. Dating from the time of birth.

Contracture. Condition in which a limb strongly resists movement from a fixed abnormal position as a result of fibrosis or scarring of ligaments, tendons, muscles, or other soft tissues around joints. Contractures of limbs in a bent position are the most common and known as "flexion contractures."

Crusting. Dried body fluids on the skin. The fluids can be blood, serum, or purulent material resulting from bacterial infection. Blood tends to form brownish or reddish crusts. Serum tends to form yellow crusts. Purulent material tends to form yellow-green crusts.

Dermatitis. Any inflammatory condition of the skin.

Dermatitis herpetiformis. Skin disorder producing wheals, red papules, or small blisters and almost always associated with severe itching.

Dyshidrosis. A disorder of unknown cause that involves formation of small, clear, itching blisters, especially along the sides of the fingers. Also known as *pompholyx, dyshidrotic eczema*, and *dyshidrotic eczematous dermatitis*.

Eczema. General word for a type of itchy skin inflammation. Erythema develops in the area of skin involved as a result of inflammation, followed by oozing of clear fluid that tends to produce crusting (dried body fluids on the skin). Small blisters are present (vesiculation) and there may also be scaling and thickening of the skin in advanced cases. One common cause of eczema is an allergic reaction of the skin to some irritant and is known as *atopic dermatitis*.

Epidermis. The outer layer of the skin; contains no blood vessels. Epidermal cells normally fall off or rub off from friction, so that the epidermal layer of skin is replaced about every 27 days.

Erythema. Redness of the skin caused by increased blood flow in the small capillary blood vessels. Erythema often accompanies inflammation, because inflammation is associated with the release of

substances that dilate blood vessels and increase blood flow.

Erythema multiforme. Any of several different types of inflammatory disorder associated with the formation of blisters and red papules surrounded by rings to make a characteristic lesion that looks like a target.

Erythroderma. Redness of the skin, usually in reference to a widespread condition.

Exfoliative dermatitis. Widespread erythema and scaling of the skin, sometimes accompanied by itching.

Follicle (hair). The depressed, pouch-like indentation around a hair shaft.

Folliculitis. Inflammation of hair follicles, resulting from bacterial infection and associated with the formation of pustules.

Fungating. Description of lesions that appear as fungus-like growths.

Groin. The area between the thigh and the abdomen. Also known as *inguinal.*

Hydradenitis suppurativa. A disorder involving inflammation and destruction of sweat gland ducts, followed by secondary bacterial infection.

Ichthyosis. A group of skin disorders whose principle feature is scaliness of the skin.

Inguinal. See *groin.*

Impetigo. A contagious skin infection caused by staphylococcal or streptococcal bacteria most often seen in children. Small blisters break to form crusts of dried pus. Itching may or may not be present. Impetigo is associated with poor hygiene and living in crowded conditions.

Lesion. Abnormality.

Macule. A flat area that is different in color from normal skin. A skin lesion that is raised or depressed by any amount is not a macule.

Malignant melanoma. A highly cancerous and dangerous skin tumor than can spread through the body. Once spread to other organs occurs, the prognosis is grave.

Mole. A small, benign skin growth that is common and may be flat or raised. The color is usually brownish to black, though they may also be skin-colored. The medical term for a mole is melanocytic nevocellular nevus. Nevi do not cause any symptoms. Moles can sometime be confused with malignant melanoma, a highly cancerous and dangerous skin tumor than can spread through the body.

Mucous membranes. The soft, moist membranes lining the mouth and other cavities that open to the exterior of the body.

Mycotic infections. Fungal infections.

Nevus. Any skin lesion present at birth, of which there are many possible types. Popularly known as a birthmark.

Nodule. A skin lesion that is roundish in shape, solid, can be felt with the fingers, extends down into the dermis and may even involve the subcutaneous tissues beneath the skin.

Papule. A solid skin lesion that is less than 0.5 centimeter in diameter, elevated above the skin and does not extend as deeply into the skin as a nodule.

Parapemphigus. See *bullous pemphigoid.*

Pemphigoid. See *bullous pemphigoid.*

Pemphigus. A general term that includes a number of related skin disorders associated with the formation of large skin blisters (bullae).

Perineum. Area around the genitals and anus.

Pilosebaceous gland. A skin gland that has both a hair follicle and an associated sebum gland.

Plaque. A solid skin lesion that is a half centimeter in diameter or more, elevated above the skin only slightly compared to its large surface area, tends to be flat on top and does not extend deeply into the skin. Also less technically known as a patch.

Pruritus. Itching.

Psoriasis. A chronic hereditary skin disorder usually characterized by white scaly papules and plaques.

Pus. Product of infection, consisting of a liquid component plus white blood cells. Pus may be a variety of colors.

Pustule. An elevated skin lesion containing pus. Pustules result from infection and may be a yellow, brownish, white, or greenish color.

Remission. Improvement in a disorder.

Scaling. Shedding of outer skin layers; results from an abnormally increased rate of growth of the cells in the epidermis. Psoriasis is a common skin disorder associated with scaling of skin. Also known as *desquamation.*

Seborrheic keratosis. A benign, rarely symptomatic, skin tumor whose significance is mostly cosmetic. Seborrheic keratoses are common in older adults

and usually can be easily removed. They can be brown, black, or even skin-colored. A seborrheic keratosis can sometimes be confused with malignant melanoma, a highly cancerous and dangerous skin tumor than can spread through the body.

Sebum. The oily liquid produced by the sebaceous glands of the skin.

Squamous cell carcinoma (SCC) of skin. A form of cancer, strongly associated with exposure to excess sunlight or other forms of ultraviolet (UV) light. SCC rarely spreads to other organs and if caught early can usually be controlled.

Staged surgical procedures. A sequence of separate surgeries performed to either salvage or restore major function to a body part. For example, there might be surgery to repair an artery and nerve in a traumatized arm, then later surgery to remove infected bone, then later surgery to repair a bone fracture, then later surgery to apply a skin graft.

Suppurativa. Producing pus.

Systemic. Affecting the whole body.

Ulcer. A defect in the skin that involves loss of the epidermis, as well as the top part of the dermis. Many disorders may cause ulcers, including loss of arterial blood supply to an area of skin, poor venous blood circulation, bacterial infections, viral infections, parasitic infections, and diabetes.

Vesicle. A blister less than one-half centimeter in diameter.

Wheal. A solid elevated skin lesion that tends to have rounded edges and a flat top. Wheals are caused by excess watery fluid in the skin area concerned and may change in size and shape as this fluid shifts around a little. Wheals usually disappear in a few hours. They are not blisters. In wheals, the fluid is mixed in between cells and is deeper than a blister. The difference between wheals and blisters is usually obvious on examination. Disorders that may be associated with wheals are dermatitis herpetiformis and allergic reactions.

B. General Information

Skin disorders may be acute or chronic and cover a wide range of severity. Disorders that involve the hands and feet or large areas of skin are the ones likely to result in functional impairment.

There are many types of skin diseases; the SSA Listings cover the diseases most likely to be disabling. Skin cancers like squamous cell carcinoma, melanoma, and basal cell carcinomas are discussed in the cancer listings (CD Part 13). Common skin lesions like impetigo, actinic keratosis, seborrheic keratosis, and moles are never disabling, would not result in functional limitations, and are not discussed.

While some skin disorders involve only the skin, others may be associated with systemic diseases. For example, chronic venous insufficiency, diabetes mellitus, and arterial vascular disease can result in severe ulceration of the skin. Scleroderma causes a hardening of the skin with loss of flexibility and systemic lupus erythematosus can affect the skin. A systemic disorder with skin lesions must be evaluated under the listings appropriate to the disorder, with consideration for the effect on the skin.

Disorders that affect the rest of the body (systemic disorders), like systemic lupus, scleroderma, and HIV infection, should first be evaluated under the applicable systemic disorder. For example, HIV infection can cause acquired immune deficiency syndrome (AIDS). AIDS can then cause cancer as well as skin disorders. Because cancer is more serious than a skin condition, preference should first be given to evaluation under the appropriate cancer listing (see CD Part 13). Similarly, any digestive disorders, deformities, or mental or other disorders that may exist in association with skin disorders should be evaluated first. If your claim is not allowable under another body system, then evaluation proceeds to these skin listings.

To satisfy the requirements of these listings, you must meet the required level of medical severity, and be under continuous treatment as prescribed by the listing; and your treatment must have lasted at least three months. However, these general requirements do not necessarily prevent allowance under a listing on the basis of equivalent severity, or by means of medical-vocational considerations related to the severity of a skin disorder in combination with your age, education, and work experience. In these instances, professional medical judgment is needed and no hard and fast rules can be given.

The SSA will want to know all of the important information about the nature and severity of your skin disorder, including:

- the date of onset
- the duration of the disorder
- the frequency of flare-ups
- the location and size of lesions ("extensive" lesions are required—see below)
- any factors that worsen your disorder (such as exposure to irritants, toxins, or allergens)
- your expected response to treatment (prognosis)
- your response to treatment, and
- any side effects of treatment.

1. Extensive Skin Lesions Required

The skin impairment listings all mention a requirement of "extensive" lesions—meaning lesions that involve multiple body sites or critical body areas, and that cause very serious functional limitations. Examples of what the SSA considers extensive skin lesions include, but are not limited to:

- lesions that interfere with joint motion and that seriously limit use of more than one extremity—such as marked limitation in your use of both hands, both legs, or one arm and one leg
- lesions on the palms of both hands that seriously interfere with your ability to perform gross and fine manipulations, and
- lesions on the soles of both feet (plantar surfaces of the feet), the perineum, or inguinal areas that seriously interfere with your ability to walk.

Unfortunately, the SSA does not give specific examples of what it considers "very serious functional limitations," but you may receive some guidance from the functional restrictions required to satisfy musculoskeletal listings (CD Part 1). It would be reasonable to look to those listings because functional abilities are the fundamental basis for disability determination in all types of impairments. But remember that the following examples are for guidance purposes, and do not include all possible ways that you might have serious limitations.

Serious limitations for the lower extremities could include an inability to:

- walk without the use of a walker
- walk without the use of two crutches or two canes
- walk a block at a reasonable pace on rough or uneven surfaces
- use standard public transportation
- carry out ordinary activities involving walking, such as shopping, banking, and attending school, and
- climb a few steps at a reasonable pace with the use of a single handrail.

To use your upper extremities effectively in carrying out your activities of daily living, you must be able to perform such functions as reaching, pushing, pulling, grasping, and fingering. Therefore, examples of inability to perform fine and gross movements include, but are not limited to, an inability to prepare a simple meal and feed yourself, inability to take care of personal hygiene, inability to sort and handle papers or files, and an inability to place files in a file cabinet at or above waist level.

2. Document Limitations in Your Daily Activities

Try to think of ways in which you are limited in your actual, everyday life, and keep a record of those limitations. For example,

- Can you grasp a doorknob and turn it?
- Can you insert a key in a lock?
- Can you pick up coins from a flat surface?
- Can you use a computer or hand calculator?
- Can you write a check and pay bills?
- Do you do yard work? What kind and how long?
- Can you drive?
- Can you do housework, such as vacuuming?
- Can you use specific tools like a screwdriver?
- Can you prepare meals?
- Do you have to avoid exposure to sunlight or other types of light? Why? Under what conditions?
- Do you have skin allergies to particular substances?
- Do you hunt?
- Do you attend meetings of any kind?
- What hobbies do you have, or had to stop?
- Can you sew?

- How does pain limit your activities? For instance, are you able to stand for 30 minutes but not for a full hour?
- Can you expose your hands to water? If you have to wear gloves, do they cause particular problems?
- If you attend some kind of school, what type of difficulties do you have?
- If a child is applying, what age-appropriate activities are limited that other children can perform?

It is impossible to list here all of the possible ways you might be limited, but the idea should be clear. Carefully consider your own situation and write down all of the things you can and cannot do, paying attention to the reasons (pain, weakness, drug side effects, etc.) and how long you can perform each activity. Be as specific as you can. Then make sure that you submit the information to the SSA with or after your application. Do not assume that your treating doctor knows all the ways you may be limited.

3. Take Photographs

Although the SSA does not require photographs, or even mention them in the listings, pictures of your skin condition can be very helpful in obtaining a fair disability determination. This allows the SSA medical consultant to actually see what he or she would have to imagine from a written description by your treating doctor. If your doctor did not take pictures, you can take some yourself. Then you can either submit the photos with your application at the SSA Field Office, mail them to the examiner handling your claim at the DDS, or ask that they be included in your file on appeal. It is no exaggeration to repeat the old saying: "A picture is worth a thousand words."

C. Specific Listings and Residual Functional Capacity

The listings that follow are in the federal regulations. They have been interpreted and commented on for greater ease of understanding while explaining their requirements. It is impossible to discuss here all of the medical possibilities related to every kind of disorder, and you may need to seek help from your treating doctor to more fully understand how your particular impairment relates to these listings.

1. Listing 8.02: Ichthyosis, With Extensive Lesions That Persist for at Least Three Months Despite Continuing Treatment as Prescribed. (Adults)

This listing deals with disorders that cause severe inflammation and scaling of the skin.

Ichthyosis refers to several skin disorders, usually hereditary, whose principle feature is a scaly appearance to the skin. Not all cases of ichthyosis are considered severe disorders. For example, ichthyosis vulgaris is a common skin condition of modest scaliness that spares the face and functional areas on the feet and hands. X-linked ichthyosis is found only in men and results in a dirty brownish appearance to the skin. It also spares the functional areas of the hands and feet and its most limiting feature is cosmetic.

Ichthyosiform erythroderma is the most serious of the ichthyosis disorders and affects both sexes. Fortunately, it is a rare disease. At birth, the infant is covered with a membrane that resembles collodion; hence the name "collodion baby." With survival, the person faces a lifetime of disease—large scales widely affecting skin surfaces, including the palms and soles of the feet, which may include painful fissures in the skin. Inability to sweat puts the person at risk of over-heating during strenuous exercise, especially in hot weather.

Another variant is bullous congenital ichthyosiform erythroderma. This blistering disorder is characterized by erythroderma with thick scales over most of the skin surface.

a. Listing Level Severity

Medical judgment is applied; greater weight is given when the hands and feet are involved. The palms of the hands and soles of the feet are particularly important because of the pressure against the skin during physical work. The listing does not require involvement of the hands or feet, however.

As stated in the listing, you must have ichthyosis with extensive lesions not responding to prescribed treatment. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

b. Residual Functional Capacity

RFCs must be based on medical judgment applied case by case, but areas of skin involved should not be exposed to environmental conditions that make them worse. For example, skin lesions affecting the hands should not be exposed to excessive amounts of water and certainly not to chemicals or solvents. Involvement of the feet should be carefully considered regarding ability to stand and walk. Inability to stand and walk for six to eight hours daily would automatically reduce your RFC to sedentary work, even if your hands are strong and unaffected. The cosmetic effects of skin disorders might affect a narrow range of jobs, such as modeling, but would have little practical effect on your ability to perform most jobs.

2. Listing 108.02: Ichthyosis, With Extensive Lesions That Persist for at Least Three Months Despite Continuing Treatment as Prescribed. (Children)

See comments under adult listing 8.02.

a. Listing Level Severity

See comments under adult listing 8.02.

3. Listing 8.03: Bullous Disease (for Example, Pemphigus, Erythema, Multiforme Bullosum, Epidermolysis Bullosa, Bullous Pemphigoid, Dermatitis Herpetiformis) (Adults)

This listing deals with disorders that cause severe blistering of the skin.

Pemphigus is a general term that includes a number of related skin disorders associated with the formation of large skin blisters. The various forms of pemphigus are autoimmune disorders in which the patient's own immune system attacks the skin with blister formation.

Pemphigus vulgaris is the most serious form of pemphigus and afflicts middle-aged men and women. In pemphigus vulgaris, blistering starts in the mouth, followed in some months by blistering of the skin. The blisters don't itch, but rupture of the blisters can cause severe pain. Involvement of the mouth and upper esophagus can effect your ability to eat properly with resultant malnutrition. Unlike many skin disorders, pemphigus can be fatal. This outcome will occur without treatment with steroid and other drugs that suppress the immune system.

There are variants of pemphigus vulgaris. Pemphigus foliaceus is a form of pemphigus vulgaris that rarely causes blister formation, but is still a serious disorder than can involve inflammation of the entire skin surface. Other cases may be limited to the scalp, abdomen, face, or upper chest. Brazilian pemphigus is similar to pemphigus vulgaris. Pemphigus vegetans is usually confined to areas of skin that come into contact with each other, as well as the neck, scalp, and around the mouth. Pemphigus vegetans can turn into the pemphigus vulgaris or vice versa. Pemphigus erythematosus can involve the face, chest, and area between the shoulder blades; it is similar to pemphigus foliaceus. A drug-induced pemphigus usually resolves with stopping the offending drug.

Bullous pemphigoid is a pemphigus-like disorder, usually affecting people over 60 years of age. Like pemphigus, it is an autoimmune disease and is associated with the formation of large blisters. Blisters may be found on the mucous membranes of the mouth; mucous membranes in the vagina and anus may be sites for blister formation. However, blisters are less painful and less delicate than in pemphigus vulgaris, which is generally a more serious disease.

Erythema multiforme is a disorder associated with the formation of blisters and red papules surrounded by rings to make a characteristic lesion that looks like a target. The mucous membranes of the mouth and lips are involved in 99% of cases. The top and palms of the hands, soles of the feet, elbows, knees, penis,

and outer female genitalia may also be involved. The disorder can also affect the throat, voice box, trachea, and eyes. In serious cases, the kidney can also be involved, as well as the membranes covering the brain.

Erythema multiforme can be related to other diseases such as prior herpes simplex infection or drugs, but more than half the cases are of unknown cause. Erythema multiforme minor is related to prior herpes infection and is a disorder of lesser severity with no involvement of mucous membranes, eyes, or other internal organs. It can be controlled with treatment of herpes.

Erythema multiforme major is the more serious form, with its mucous membrane and multiorgan involvement as noted above, along with formation of large blisters. It is also known as erythema multiforme bullosum. It often occurs as a drug reaction and can be fatal.

Dermatitis herpetiformis is a skin disorder producing wheals, red papules, and small blisters, and is almost always associated with severe itching. Lesions are most likely on the elbows and knees, but any skin area could be involved. It is most common in males 30–40 years old. This immune disorder is associated with abnormalities of the small intestine. Ten to 20% of cases may have malabsorption of nutrients from the small intestine, in which case the digestive system listings should also be considered (CD Part 5). Symptoms are most often confined to the skin, however.

a. Listing Level Severity

For your condition to be severe enough to meet this listing, you must have pemphigus, erythema multiforme bullosum, bullous pemphigoid, or dermatitis herpetiformis with extensive lesions not responding to prescribed treatment. Medical judgment is applied; greater weight is given when the hands and feet are involved. The palms of the hands and soles of the feet are particularly important because of the pressure against the skin during physical work. The listing does not require involvement of the hands or feet, however.

As stated in the listing, you must have bullous disease with extensive lesions not responding to prescribed treatment. The general meaning of "extensive"' is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

b. Residual Functional Capacity

The discussion of RFC under listing 8.02 applies here.

4. Listing 108.03: Bullous Disease (for Example, Pemphigus, Erythema, Multiforme Bullosum, Epidermolysis Bullosa, Bullous Pemphigoid, Dermatitis Herpetiformis) (Children)

See comments under adult listing 8.03.

a. Listing Level Severity

See comments under adult listing 8.03.

5. Listing 8.04: Chronic Infections (Adults)

This listing deals with chronic infections of the skin or mucous membranes. The nature of the infection could be bacterial or fungal (mycotic). Severe, persistent infections are unusual and most likely to be found in people who suffer from depression of their immune system, such as those with AIDS or who are otherwise weakened and susceptible to infection as a result of chronic diseases. For example, diabetics may have problems with chronic ulcers on their feet that require frequent medical attention and seriously interfere with the ability to walk.

There are mycotic infections that cause severe destruction of tissues, such as blastomycosis, coccidioidomycosis, and cryptococcosis. Only deeply invasive fungi that affect large areas of skin are likely to qualify.

Skin lesions that appear fungus-like are called fungating. The deep lesions required by this listing extend beyond the surface layers of the skin. Treatment of deep fungal infections can be a medical challenge. Not only must you take potent drugs with potential side effects, but also you are likely to have

a severe medical disorder that has allowed the fungal infection to occur.

a. Listing Level Severity

For your condition to be severe enough to meet this listing, you must have chronic infections of the skin or mucous membranes, with extensive fungating or extensive ulcerating skin lesions that persist for at least three months despite continuing treatment as prescribed, or deep fungal infections with extensive fungating, ulcerating lesions not responding to prescribed treatment. Medical judgment is applied; greater weight is given when the hands and feet are involved. The palms of the hands and soles of the feet are particularly important because of the pressure against the skin during physical work. The listing does not require involvement of the hands or feet, however.

As stated by the Listing, you must have chronic infection with extensive lesions not responding to prescribed treatment. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

b. Residual Functional Capacity

The discussion of RFC under Listing 8.02 applies here.

6. Listing 108.04: Chronic Infections (Children)

See comments under adult listing 8.04.

a. Listing Level Severity

See comments under adult listing 8.04.

7. Listing 8.05: Dermatitis (for Example, Psoriasis, Dyshidrosis, Atopic Dermatitis, Exfoliative Dermatitis, Allergic Contact Dermatitis) (Adults)

Psoriasis is a chronic hereditary skin disorder usually characterized by white scaly papules and plaques. Inflammation may also be present. It affects about 2% of the population. Lesions are sometimes salmon pink. Psoriasis may occur on any skin surface and is especially common on the elbows and knees. Scratching makes the condition worse. Many cases of psoriasis do not cause significant functional limitations, but there are exceptions. Some cases of psoriasis can be associated with the development of a very severe form of arthritis known as psoriatic arthritis (CD Part 1).

Atopic dermatitis is a common chronic, itching, inflammatory skin disorder usually associated with a personal or family history of allergic disorders like asthma or allergic rhinitis. Atopic dermatitis may result in eczema. Atopic dermatitis can occur at all ages.

Dyshidrosis is a disorder of unknown cause that involves formation of small, clear, itching blisters, especially along the sides of the fingers. The palms of the hands and the soles of the feet are also involved about 80% of the time. The blisters have a tapioca-like appearance. You may suffer from scaling and redness of the skin with fluids leaking from the blisters. Fissures may develop in the skin, causing severe functional limitation. Dyshidrosis can be chronic or recurrent with remissions. You may suffer from excessive, decreased, or normal sweating.

Exfoliative dermatitis is a general term for a condition of widespread erythema and scaling of the skin, sometimes accompanied by itching. This skin disorder may arise along with various other skin disorders like atopic dermatitis, psoriasis, cancer, or as a drug reaction. Exfoliative dermatitis is a serious, potentially fatal affliction that usually requires hospitalization and treatment with steroid drugs.

Allergic contact dermatitis is an inflammatory skin disorder triggered by previous immune sensitization to a particular substance (antigen) such as poison ivy. Sensitivity to future skin reactions can develop as a result of previous eating, inhalation, injection, or skin exposure to the offensive substance. There are an enormous number of substances that can potentially result in allergic contact dermatitis, such as shampoos, foods, rubber, metals, chemicals, soaps, oils, cosmetics, and topical medications. Treatment consists of anti-inflammatory agents such as topical steroids and, most importantly, avoidance of the allergen

that triggers a reaction. Allergic contact dermatitis involving work-related exposure (as health care workers to latex rubber gloves) can be particularly troubling if it is difficult to avoid the triggering agent. Shoe contact dermatitis can present a problem that limits standing and walking.

a. Listing Level Severity

For your condition to be severe enough to meet this listing, you must have any form of dermatitis that involves extensive lesions that are not responding to prescribed treatment. Additionally, the condition must involve the hands or feet in a way that imposes a marked limitation on your use of the hands or your ability to stand and walk. Medical judgment is applied; greater weight is given when the hands and feet are involved. The palms of the hands and soles of the feet are particularly important because of the pressure against the skin during physical work. The listing does not require involvement of the hands or feet, however.

As stated by the Listing, you must have dermatitis with extensive lesions not responding to prescribed treatment. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

b. Residual Functional Capacity

The discussion of RFC under Listing 8.02 applies here.

8. Listing 108.05: Dermatitis (for Example, Psoriasis, Dyshidrosis, Atopic Dermatitis, Exfoliative Dermatitis, Allergic Contact Dermatitis) (Children)

See comments under adult listing 8.05.

a. Listing Level Severity

See comments under adult listing 8.05.

9. Listing 8.06: Hydradenitis Suppurativa (Adults)

Hydradenitis suppurativa is characterized by inflammation and destruction of sweat gland ducts, followed by secondary bacterial infection. The areas of skin most often involved are the axillae and the groin area. The bacterial infection can lead to pain, abscesses, and scarring. Surgery and skin grafting may be necessary, along with treatment with antibiotics. Severity of the disorder varies.

a. Listing Level Severity

For your condition to be severe enough to meet this listing, you must have hydradenitis suppurativa with extensive lesions involving both axillae, both inguinal areas, or perineum. The disorder also must not respond to prescribed medical treatment for at least three months. Medical judgment is applied; greater weight is given when the hands and feet are involved. The palms of the hands and soles of the feet are particularly important because of the pressure against the skin during physical work. The listing does not require involvement of the hands or feet, however.

As stated by the Listing, you must have hydradenitis with extensive lesions not responding to prescribed treatment. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

b. Residual Functional Capacity

RFCs must be based on medical judgment applied on a case-by-case basis. Areas of skin involved should not be exposed to environmental conditions that make them worse, such as working in hot environments that can cause sweating. Inflamed, infected, pus-draining, painful lesions in the armpits can affect ability to use the arms. Scars from prior infection can also limit use of the arms, such as in the ability to extend the arms overhead. Similar lesions in the perineal area can limit ability to stand and walk because of pain. Inability to walk or stand for six or

eight hours daily is important, because it reduces the RFC to no higher than sedentary work.

10. Listing 108.06: Hydradenitis Suppurativa (Children)

See comments under adult listing 8.06.

a. Listing Level Severity

See comments under adult listing 8.06.

11. Listing 8.07: Genetic Photosensitivity Disorders (Adults)

Although there are many types of photosensitivity disorders, characterized by skin reactions to sunlight—for example, associated with various drugs or metabolic diseases—this listing only concerns inherited disorders. There are four major genetic photosensitivity disorders:

- Xeroderma pigmentosum
- Bloom syndrome
- Cockayne syndrome, and
- Rothmund-Thomson syndrome.

All of these disorders are rare and characterized by the inability of DNA in the skin to repair itself after light exposure.

Xeroderma pigmentosum starts in infancy and is associated with a tendency to develop various forms of skin cancer, including dangerous malignant melanomas. Even when cancer is not present, the skin has painful, red, scaling, or blistering lesions. There is eye damage with the possible development of blindness. Deafness and neurological abnormalities occur in some instances, and mental retardation may be present. Death often occurs early in life, but some individuals survive into adulthood.

Bloom syndrome starts in infancy with redness and blistering of the lips and arms after exposure to sunlight. There may be associated antibody deficits with increased infections, abnormalities in the number of fingers, and a greater tendency to develop certain forms of cancer.

Cockayne syndrome is associated with dwarfism and mental retardation. Progressive deafness, retinal degeneration, nervous system degeneration, and premature atherosclerotic vascular disease are only some of the abnormalities that may be present. Survival may occur into several decades of life.

Rothmund-Thompson syndrome may be noticed at several months of age with redness, scaling, and blistering on sun-exposed surfaces such as the arms and face. Although there is a tendency to develop cataracts and a greater than normal risk of skin and other cancers, these individuals may have a normal lifespan and mental development.

a. Listing Level Severity

Genetic photosensitivity disorders, established by clinical and laboratory findings. You can satisfy the listing by qualifying under either Ⓐ or Ⓑ.

Ⓐ Xeroderma pigmentosum. If you have this disorder, you will be considered disabled from birth without having to provide any evidence of functional loss. Severe functional loss is presumed from the nature of the xeroderma pigmentosum disorder.

Ⓑ Other genetic photosensitivity disorders, with:

1. Extensive skin lesions that have lasted or can be expected to last for a continuous period of at least 12 months; or
2. Inability to function outside of a highly protective environment for a continuous period of at least 12 months.

Regardless of the specific type of genetic photosensitivity diagnosis, you will need medical documentation that you have the disorder. Laboratory testing as chromosomal analysis showing DNA damage from light will satisfy the laboratory requirement of the listing. This should not be a problem, because it is unthinkable that your doctor would diagnose a serious photosensitivity disorder without appropriate testing. However, the SSA does not need the actual laboratory report, if the medical evidence is persuasive that the testing was done. For example, your doctor might mention the results of testing in your medical records. In addition to laboratory testing, you will need physical examination findings characteristic of the type of photosensitivity disorder you have.

Part Ⓑ1 of the listing requires extensive skin lesions satisfying or expected to satisfy the 12-month duration requirement for disability. This is a medical judgment that must be based on your

medical records. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure that you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

You limitations are critical to satisfying Part Ⓑ2 of the listing. In addition to the general limitations discussed in Section B, above, your genetic photosensitivity disorders must necessitate you inability to function outside of a highly protected environment. A highly protected environment is one in which you must avoid exposure to ultraviolet radiation (UV light), including sunlight passing through windows and light from unshielded fluorescent bulbs. You must also wear protective clothing and eyeglasses, and use light-blocking (opaque) broad-spectrum sunscreens to avoid skin cancer or skin inflammation from light. Your treating doctor's medical records should include a discussion of your need for light-exposure avoidance and the steps needed to achieve it.

b. Residual Functional Capacity

If your photosensitivity disorder doesn't satisfy the listing, you still may have sufficient environmental restrictions to permit allowance on a medical-vocational basis. Obviously, the SSA should not ask you to do any type of outdoor work, work around fluorescent lights (if they bother you), or near windows if that is a problem. Whether you have additional limitations must be considered on an individual basis depending on the nature, location, and extent of any chronic skin lesions. The effects of other disorders may also have to be taken into account.

If you can't stand or walk for at least six to eight hours daily, you will be limited to no more than sedentary work, and that can be a significant factor in determining whether you will be considered disabled on a medical-vocational basis. So if you have such limitation, make sure your doctor documents that fact in your medical record.

Note that a photosensitivity disorder, by its nature, requires environmental restrictions against excessive exposure to light. When environmental restrictions are present on a residual functional capacity (RFC), the SSA cannot deny a claim simply by citing on the medical-vocational rules in Appendix C. The rules in Appendix C do not take environmental restrictions into account. If the SSA fails to consider such restrictions and denies your claim, that error can be the basis for a successful appeal before an administrative law judge or federal court.

12. Listing 108.07: Genetic Photosensitivity Disorders (Children)

See comments under adult listing 8.07.

a. Listing Level Severity

See comments under adult listing 8.07.

13. Listing 8.08: Burns (Adults)

Burns can be caused by skin's exposure to extreme temperatures (heat or cold), electricity, or chemicals. Depending on the nature and extent of exposure, other organs besides the skin could be involved—such as the eyes or lungs.

Extensive burns are extremely painful and life-threatening. Skin grafting is often necessary if large areas of skin are involved. Even after optimum healing, the formation of scar tissue across joints can cause lasting functional limitations in the use of hands, arms, or legs.

If staged surgical procedures are necessary, evaluation should first be done under the appropriate listing (Listing 1.08 for adults or 101.08 for children; see CD Part 1). Similarly, damage to other body systems, such as the lungs, would be evaluated under the appropriate listing. If no other listing applied, then this listing would be used

a. Listing Level Severity

To qualify under this listing, you must have extensive skin lesions that have lasted, or can be expected to last, for a continuous period of at least 12 months. The SSA intends that this listing be considered only if the claimant does not meet the requirements for staged surgical procedures in Listing 1.08 or 101.08 (CD Part 1), yet still suffers severe functional limitations.

As stated by the Listing, you must have extensive burn lesions not responding to prescribed treatment. The general meaning of "extensive" is discussed in Section B, above, along with a discussion of functional limitations in your activities of daily living. It is extremely important to have good documentation of your medical condition from your treating doctor, but you should also make sure you tell the SSA (through writing or by telephone to your examiner) what limitations you have.

Lesions remaining 12 months after a burn injury would have to be either areas of chronic soft tissue infection, areas of failed skin grafts, or scarring. However, infection and failed grafts would require repeated surgery and thus would be evaluated under the staged surgical procedure in Listing 1.08 or 101.08 (CD Part 1). Therefore, chronic scarring would most likely be the problem in most people who are evaluated under this listing.

b. Residual Functional Capacity

Scarring is a major physical problem limiting functional ability in burn patients, and it can decrease the effective range of joint motion. Also, soft tissues (nerves, muscles, tendons, ligaments, blood vessels) under burned skin may be damaged, so that strength capacity is decreased. Because of the varied possible outcomes, no hard and fast rules can be given; cases must be evaluated on an individual basis.

Note that post-traumatic stress disorder may also be present in individuals who have suffered major burns, and this may require a separate mental evaluation.

14. Listing 108.08: Burns (Children)

See comments under adult listing 8.08.

a. Listing Level Severity

See comments under adult listing 8.08. ■