

What is a sensitive skin?

ALLERGIES

HOT TOPIC

Sensitive skin is a syndrome defined by the occurrence of **unpleasant sensations** (stinging, burning, pain, pruritus, and tingling sensations) in **response to stimuli** that normally should not provoke such sensations.¹



- Sensitive skin can affect **all body locations**, especially the **face**.
- The skin can appear **normal** or be accompanied by **erythema**.
- These unpleasant sensations **cannot be explained by lesions attributable to any skin disease**.

Although sensitive skin is highly prevalent, there is no consensus on its definition or pathomechanism.

Despite its heterogeneous presentation, few research groups have focused on developing objective approaches to identifying differences in the condition of sensitive skin.

A systematic literature review of 27 articles sought to find diagnostic methods for sensitive skin at clinical, histological and biophysical levels. The results confirmed that there is no consensus on the definition or symptom profile of sensitive skin. The condition is generally characterized by neurosensory discomfort alongside visible skin irritation such as erythema and dryness.²

Various potential causal pathways are hypothesized to lead to a response pattern commonly observed in sensitive skin : sensory hyperreactivity, impaired barrier function, inflammatory or vascular responsiveness and atopic predisposition.²



Only a few provocative methods such as SLS (irritant patch testing with sodium lauryl sulfate), vasodilators and capsaicin may trigger the sensitive skin mechanism as these agents enhanced differences between subjects with sensitive and non-sensitive skin. The strongest evidence refers to an impaired skin barrier function. It may trigger both vascular hyperreactivity and sensory perceptions, suggesting different mechanisms for different discomfort presentations.²

Subjective scoring scales (Like the questionnaire of Jourdain³ or the Sensitive Scale of Misery⁴) could be adequate diagnostic tools to detect subjects with sensitive skin and, when combined with consistent biophysical measurements (stinging tests with lactic acid (or capsaicin), occlusion tests, behind-the-knee tests, washing and exaggerated immersion tests), which may highlight significant differences between subjects with sensitive and non-sensitive skin; adding consistent results.

This would situate sensitive skin within knowledge on skin disease pathology and provide a basis for developing solutions to individual skin reactions in clinical practice. The ultimate goal of identifying underlying mechanisms is to develop optimal interventions for every individual with sensitive skin, implementing personalized medicine.²

Bibliography

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