

Self-Treatment with Bleach by a Latino Farmworker

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Skin disease is common among migrant Latino farmworkers. These workers rarely use formal health care services but commonly engage in self-treatment of their skin disease. We present a patient with dermatitis who self-treated with bleach. This patient illustrates a common practice that exacerbates skin disease and sheds light on social and cultural factors of which health care providers serving this community should be aware.

LATINO IMMIGRANTS are an important part of the cultural milieu of the United States. Their growing numbers represent a cultural identity with which physicians in many regions of the United States may be unfamiliar.¹ Awareness of these patients' culture, beliefs, and practices is important for providing health care. A significant number of Latino immigrants to the United States, particularly in rural communities, are employed as migrant and seasonal farmworkers. Farmworkers experience significant barriers in accessing health care.²

Migrant Latino farmworkers have distinctive attitudes toward skin disease and engage in self-treatment behaviors.^{3,4} Skin disease is a major concern among farmworkers. While farmworker beliefs about the causes of skin disease include exposure to sun and heat, chemicals, plants, insects, moisture, hygiene, and contagion, they also believe that these factors are moderated by each individual's personal susceptibility to that cause.³ Their self-treatment behaviors include the use of over-the-counter medicines (eg, alcohol) and home remedies (eg, lemon, vinegar, bleach). The use of these remedies causes a burning sensation that is believed to be necessary to treat the problem.⁴

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Case Report

A 52-year-old Latino male presented with a 3-week history of an itchy rash on his arms and lower legs. He described itching, burning, and pain associated with the rash. He tried to treat the rash by applying bleach to the affected area. The condition continued to worsen until it impeded his ability to work, at which point he sought medical advice. He worked cultivating and harvesting tobacco, and he was unsure about his pesticide exposure. He had protected his skin at work with shirt, pants, and gloves and did not rewear clothes without washing them. He bathed every day upon returning home from work.

On examination, the rash involved both forearms and legs. Erythematous plaques with overlying scale and lichenification were present on the forearms (Figs 1 and 2). Confluent shiny violaceous plaques with marginal erythema and thick overlying scale were present on the legs



Figure 1. Dermatitis of the upper extremities. There was erythema and scale on the upper extremities, accentuated on the flexor surfaces.



Figure 2. Close-up view of the patient's forearm. There were subacute dermatitic changes of the flexor forearms.

(Figs 3 and 4). A diagnosis of contact dermatitis (in part due to contact irritation from bleach) was made. The patient was treated with 0.1% triamcinolone ointment and was advised to stop using the bleach. The patient did not return for follow-up, and the treatment outcome is thus unknown.

Discussion

Latino farmworkers are hesitant to seek medical treatment owing to cost, communication problems, and a lack of transportation.^{2,3} Self-treatment is a popular alternative to seeking medical advice.⁴ The principles of self-treatment include a focus on cleanliness, burning as an indicator of



Figure 3. Dermatitis changes on the patient's right leg. The leg is edematous, with a dusky red to violaceous color and a background of dermatitic scale.



Figure 4. Irritant dermatitis of the left leg. The leg has diffuse dermatitic scale, with fissures and a dusky erythema.

efficacy, and the use of over-the-counter and home remedy products.^{4,5} These factors make the bleach used by this patient an understandable choice owing to an association with cleanliness and the sensation of burning on application. Patients in a previous study also cited bleach as a home remedy in addition to other readily available products such as vinegar, alcohol, and lemon juice.⁴ Often an irritant dermatitis could be superimposed on a primary contact dermatitis, as in our patient. A combination of language and cultural barriers could lead to poor communication about what has previously been done to manage the condition; therefore, appropriate reflection may aid in the appreciation of this type of complication.

Damaging self-treatment of skin conditions in the Latino migrant community has also been reported in the case of basal cell carcinoma. Osswald and colleagues⁶ described a Latino woman who used a "yellow and black salve" mailed to her from Mexico as an alternative to Mohs' surgery for basal cell carcinoma. The salve's active ingredient was found to be zinc chloride, and the result of its use was a large necrotic ulcer with an overlying eschar. Although she did destroy the cancer, she also experienced side effects of pain, skin necrosis, prolonged healing time, and scarring. She had wanted to try the therapy as a cheaper and pain-free alternative to conventional treatments, and she considered her experience to be successful. There is widespread use of such self-treatment in this population.

Given the barriers to health care in the Latino farmworker population, each encounter that a provider has with these patients is a valuable time to intervene in harmful practices and prevent future problems. Education

about the proper treatment of skin conditions could be a helpful adjunct to the treatment of the presenting skin complaint. This could prevent future self-inflicted skin damage and reinforce positive actions patients may already be taking, such as protecting the skin with long shirts and pants. The farmworker population is at risk for many skin conditions, given their contact with plants and chemicals, sun exposure, and poor living conditions. A study of 54 male migrant farmworkers found that 77% had a diagnosable dermatologic condition. The most common conditions were found to be acne, tinea pedis, onychomycosis, and contact dermatitis.⁷

The care-seeking behavior of this patient reflects several common practices in the farmworker community. The patient waited until his condition interfered with his ability to work before he sought treatment for his rash. With cost being a major obstacle to seeking care, the cost of lost wages may eventually be the factor that leads these patients to seek professional health care. Once they have received treatment and the problem no longer prohibits work, patients may not be willing to pay for or take the time for another visit. As was our patient, these patients are likely to be lost to follow-up. Physicians treating Latino

patients may have only one opportunity to interact with them. The presenting condition is likely to have already been treated with at least one home remedy, potentially replacing the original eruption or altering its appearance.

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