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## Health Travel Tips



# Skin & Eye Problems

*Sun Exposure, Drug Allergy, Bites & Stings,  
Conjunctivitis & Contact Lens Infection*

### COMMON SKIN PROBLEMS IN TRAVELLERS

#### **a. Sun exposure**

Exposure to strong sunlight or to sunlight for longer periods than you are accustomed to, can result in severe sunburn and eye damage. As the amount of ultraviolet radiation reaching the skin increases with altitude and by reflection off the sea and snow, mountain climbing, skiing and water sports also present a risk of excessive sun exposure. The effects of ultraviolet (UV) radiation can be minimised by the use of sunscreen that absorb or block harmful UV light. The sunscreen protection factor (SPF) is an index that accounts for all the variables that determine sunscreen effectiveness. A SPF of 10 to 15 is advisable if you burn initially but tan a little later. Sunburn can be treated with cool soaks and moisturisers. Sunglasses protect against long term problems of cataracts as well as glare conjunctivitis.



#### **b. Drug - induced photosensitivity**

The term "photosensitivity" is used to imply an abnormal response to ultraviolet radiation. It usually produces pigmentation in the light-exposed areas of the body. Brief sun exposure in travellers using photosensitising agents can cause phototoxic or photo-allergy reactions. A large number of drugs has been associated with these reactions including antibiotics such as tetracycline and sulphonamides, some cosmetics agents and even sunscreen. Treatment of minor photosensitivity is similar to that for sunburn with the addition of a steroid cream.

#### **c. Drug eruptions or allergic drug reactions**

Skin eruptions are among the most frequently observed adverse drug reactions seen in clinical practice. It may appear 1-2 weeks after starting a particular drug. The most common is erythema (redness of the skin), urticaria or hives (itchy red or white wheals) and angio-oedema (swelling around the eyes with or without pharyngeal and laryngeal swelling), erythema multiforme (target lesions on the extremities of the limbs) and the severe form known as Stevens-Johnson syndrome which involves the mucous membranes of the mouth, eyes and genitalia. The allergic reactions may be associated with fever and there may be signs of disorder of other organs e.g. bone marrow, liver or kidneys.

Almost any drug can produce a skin eruption. Drugs associated with a relatively high frequency of skin reactions include ampicillin, penicillin and trimethoprim-sulohamethoxazole. These antibiotics may be used by the traveller for self-treatment of diarrhoea, upper respiratory tract infections or urinary tract infections.

#### **d. Bites and stings**

Insect bites constitute one of the most common skin complaints of travellers in the tropics. Itchy red bites may be caused by numerous insects including mosquitoes, bed bugs, fleas and lice. Treatment of insect bites consists of drying and anaesthetic lotion e.g. calamine. Insect bites can be prevented effectively by the use of insect repellent with 30% Deet applied to the skin and permethrin treatment of clothing. Self treatment of animal bites while travelling is not recommended. All animal bites, especially dog bites should be washed away immediately with water and cleaned with antiseptic solution or soap. Seek medical help as soon as possible. It is likely that antirabies vaccine (tissue culture-derived vaccine) is required.

### COMMON EYE PROBLEMS IN TRAVELLERS

#### **a. Conjunctivitis**

This infection frequently causes a purulent discharge and the affected eye is red and feels gritty. Antibiotic eye drops e.g. chloramphenicol, should be used according to the doctor prescription. Remember that many forms of conjunctivitis are very infectious. Items such as handkerchiefs and towels should not be shared. It is best to avoid swimming and exposure to strong sunlight by wearing protective sunglasses.

#### **b. Contact lenses**

Travellers who normally wear contact lenses should never leave home without an up-to-date pair of eyeglasses as well. At the earliest sign of irritation or discomfort, do not use the contact lenses for at least 24 hours. The most common problem is over-wear or dust particles being trapped under the lens. Keep blinking to renew the tear film under the lens. In long flights, contact lens tend to dry out. Always keep a lens case and solutions on stand-by. Acanthamoeba causes keratitis characterised by an extremely painful red eye with blurred vision and acute sensitivity to light. It occurs most frequently in contact lens wearers and in corneal ulcers following minor trauma. Contact lens wearers should remove their lenses before swimming in swimming pools, hot tubs and fresh water lakes. Lens wearer should always carry an adequate supply of their usual cleansing, rinsing and soaking solutions.

#### **c. Sunlight**

Strong sunlight can damage the surface of the eyes by ultraviolet (UV) rays. Wear sun hat, ski goggles or sunglasses that is UV protected. At higher altitudes, the concentration of UV light is greater and thus the reflection of sunlight off the snow can cause 'snow blindness'. Ski goggles are helpful if weather conditions change and help prevent reflex watering of the eyes induced by cold wind and snow.