Moisture-Associated Skin Damage

Including incontinence-associated dermatitis and skin fold rashes

What is moisture-associated skin damage?

Moisture-associated skin damage, or MASD, is inflammation and breakdown of the skin caused by long contact with moisture. That moisture can be urine, stool, sweat, wound drainage, or saliva.

It is often confused with a pressure injury, but the cause and the treatment are different. Getting the diagnosis right matters, because moisture damage that is treated as a pressure sore, or the reverse, does not get better.

The main types

- **Incontinence-associated dermatitis.** Red, shiny, sometimes weepy skin on the buttocks, groin, inner thighs, and between the buttocks, caused by urine or stool. It usually has diffuse, blurry edges and often burns or stings.
- **Intertriginous dermatitis.** A rash inside skin folds, under the breasts, in the groin, under the abdominal fold, or between the toes, where skin rubs skin and sweat cannot evaporate. Yeast infection commonly develops on top of it.
- **Peri-wound maceration.** White, soggy, wrinkled skin around a draining wound. It means the dressing is not absorbing enough.
- **Peristomal damage.** Irritated skin around an ostomy from leakage under the appliance.

How to tell it from a pressure injury

- Moisture damage tends to be shallow, spread out, and have irregular, poorly defined edges. Pressure injuries usually have a more defined shape and sit directly over a bone.
- Moisture damage is often bright red or pink and glossy, and it commonly stings or burns.
- Moisture damage frequently appears in the crease between the buttocks or in folds. Pressure injuries appear over the tailbone, hips, and heels.
- The two can occur together, and moisture makes pressure injuries far more likely.

How we treat it

- **Removing the source of moisture.** This is the fix. We address incontinence causes, wound drainage, or a leaking appliance rather than only treating the rash.
- **A structured skin care routine:** cleanse gently with a no-rinse pH-balanced cleanser, protect with a barrier film or ointment, and restore with a moisturizer.
- **The right barrier product** for the situation. Zinc oxide, dimethicone, petrolatum, and liquid polymer films each behave differently.
- **Treating yeast** when it is present, which it often is in skin folds and around stool exposure.
- **Managing fold moisture** with breathable textile wicking products, never with layered gauze or towels, which trap heat and moisture.
- **Choosing more absorbent wound dressings** when the problem is drainage from a nearby wound.

What you and your caregivers can do

- Cleanse the skin as soon as possible after every episode of incontinence. Do not wait for a scheduled change.
- Use a no-rinse perineal cleanser and a soft cloth. Pat dry, never rub, and never use regular soap and a washcloth repeatedly on damaged skin.
- Apply a barrier product every time. It is not optional and it does not need to be scrubbed off between applications.
- Use absorbent products that pull moisture away from the skin, and change them promptly.
- Do not stack multiple absorbent pads or briefs. It traps heat and moisture against the skin.
- Keep skin folds separated and dry with a wicking textile designed for the purpose.
- Ask about treatable causes of incontinence. Many are fixable, including urinary tract infection, constipation with overflow, and medication side effects.

When to call us right away

- Skin that becomes open, raw, or blistered
- A rash with satellite spots at the edges, or a bright red, sharply bordered patch in a fold, which suggests yeast
- White, gray, or black tissue appearing
- Increasing pain, swelling, warmth, or foul odor
- Fever or chills
- Any darkened or discolored area over a bone, which may be a pressure injury developing