

ECZEMA - ATOPIC DERMATITIS

Eczema or atopic dermatitis is an itchy inflammatory disease of the skin that causing it to be red, and scaly; sometimes with oozing blisters. Itch is prominent. Eczema can run in families and can be associated with subsequent development of allergic rhinitis (hay fever), asthma, food allergies or allergies to stinging insects such as bees or wasps. This called the allergic or atopic march.

Atopic dermatitis is common occurring in more than 10% of children under the age of five. In more than half of these cases the condition clears up on its own before the child is seven years old. Rarely eczema persists and can be a significant problem into adulthood.

The skin most likely to be affected after infancy includes areas around the joints, behind the knees, elbows, ankles, wrists and neck. Earlier infants can develop a rash on the face, neck and trunk. Other signs may be tiny firm bumps on the cheeks or outside of the thighs or arms called keratosis pilaris. Keratosis pilaris is usually non-itchy and may not need to be treated. Later a more itchy rash may develop in these or other areas.

Eczema runs in families but no one knows why one child in a family will get eczema while others get hay fever, asthma or other allergic disease.

WHAT DOES ECZEMA LOOK LIKE?

Itchy skin looks dry, red and flaky. In some children the skin becomes bright red and thick if undertreated. Small blisters may appear filled with clear fluid. Secondary pus-filled blisters or impetigo (a honey colored scab) may also occur. Eczema typically does not leave scars.

WHAT DOES ECZEMA FEEL LIKE?

Eczema is intensely itchy. Babies often rub or get irritable due to itch. Chronic rubbing and scratching can result in thickening of the skin called lichenification. Diminishing the scratching or itching component as well as reducing the sharpness of the fingernails can improve the complications of eczema. In fact, reducing the itch is one of the most important components of eczema therapy because the more the patient scratches the worse the itching becomes.

BLEACH BATHS:

Add ½ to ¾ cup bleach to standard tub of bath water

Soak 10-15 minutes – soap not always necessary

Quick shower to rinse off the chlorine

Towel dry

Moisturize immediately - within less than a minute

This can be done daily for a week or when eczema flare

STOPPING THE SKIN FROM DRYING OUT:

An underlying problem in eczema is lack of moisture in the skin. The skin is missing water. Water can be replaced by bathing in tepid water, however, that water rapidly evaporates, beginning immediately after leaving the shower/bath tub, unless occluded.

It is **very important** to immediately trap the water after bathing before it evaporates. *Otherwise*, bathing can result in skin that is **more dry**. Ointments containing petroleum jelly may be greasier than other “moisturizers,” however, they are more occlusive, and typically do not contain preservatives.

An excellent way to moisturize is to bathe 5-10 minutes, towel dry, then immediately apply bland petroleum jelly or other occlusive agents such as Aquaphor or Eucerin. This should help decrease the itch from dryness, and decrease the tendency towards making the eczema worse.

AVOIDING IRRITANTS:

Wool and other scratchy fabrics can dig into chronically dry skin and cause it to itch more. Cottons tend to be the best fabrics for children with eczema. Other irritants such as chlorine from swimming pools and potent soaps can be irritating in patients with eczema.

HELP TO REDUCE SCRATCHING:

Antihistamines can help decrease the itch and scratching which occurs even during sleep. Nails should be kept short so nighttime scratching does not result in bleeding. Some babies' hands need to be kept in mittens or socks at night. Children can often benefit from wearing pajamas with long sleeves and legs with feet attached.

MEDICATIONS:

Topical steroid ointments and creams (ointments preferred) can be quite useful in eczema. The more potent materials can be used on the extremities and trunk with milder products in the groin area and on the face. These should be used at high doses initially then sparingly after the patchy rash has resolved. Using higher potency steroids briefly can be better than chronically using daily low potency steroids.

TREATMENT FOR INFECTION:

Patches of eczema may get infected. Impetigo and staph infections can be a problem. Blisters weeping, oozing with purulent discharge, scabbing and crusting are all signs of infection which need to be treated. Topical antibiotics can help. Some patients with flares require oral antibiotics to cover staph. Others may require antifungal treatments.

SUMMARY

1. Bathe daily to hydrate the skin (not too hot, not too long). Moisturize Immediately.
2. Medications such as topical steroids or other eczema medications would be applied immediately to the skin and then, if needed, covered with the occlusive agent.
3. Immediate occlusion with an ointment-based product such as Eucerin, Aquaphor, Vaseline petroleum jelly or similar. These agents need to be applied immediately after toweling off.
4. Dust mite mattress and pillow encasements are recommended for patients with atopic dermatitis, as dust mites exposure can worsen symptoms. Similarly, furry animals should be out of the bedroom.
5. Antihistamines may be needed on a regular basis to decrease the itching, a major symptom of atopic dermatitis.
6. Rinsing off after a swimming pool (high chlorine content) and reapplication of occlusive agents is helpful.
7. When patches develop, a dose of topical steroids which is effective can be used for several days to reduce the redness, itching and getting the eczema patient back to baseline. Topical steroids should be used as sparingly as possible, yet which are effective in controlling their outbreak.
8. Bleach baths generally work well.