



Eczema (Atopic Dermatitis)



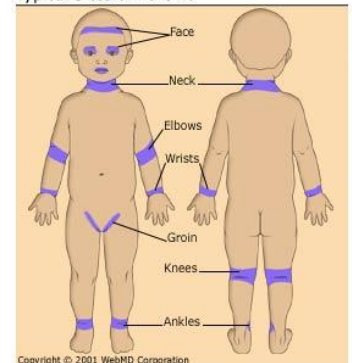
What is Eczema?

Eczema (atopic dermatitis) is a chronic skin disease that causes dry, irritated skin. The cause of eczema is unknown, but it is believed to run in families. It is often the first manifestation of a group of allergic disorders that includes asthma, allergic rhinitis, and food allergy. Eczema is not contagious. Eczema is diagnosed in 20% of children and up to 3% of adults. The condition develops during the first 12 months of life in 75 % of children who are affected and clears completely at, or shortly after, puberty in up to 60 %.

What are the symptoms?

The skin affected by eczema usually looks red, dry, and scaly and is extremely itchy. Eczema most commonly occurs on the cheeks, chin, back, stomach, arms, hands, feet, creases of the elbows, and behind the knees in children. In adults, eczema is commonly found on the eyelids, neck, hands, wrist, inside the elbows, and behind the knees.

Typical Sites of Eczema



What can worsen eczema?

- Irritants, such as wool, soap, perfume, chlorine, or smoke.
- Allergens such as dust mites, mold, pollen, or pet dander.
- Eating certain foods, such as fish, soy, wheat, milk, or peanuts. (The actual food trigger varies with each patient.)
- Skin infections.
- Long, hot baths, or showers or anything else that dries the skin.



What are the treatment options?

Topical steroids are used for acute flares to ease scaling and itching. This is not a daily medication regimen because there are side effects from the topical steroids. Even short-term use of topical steroids can be associated with side effects, specifically in the face, axillae, and groin. Children are more susceptible to side effects in part due to their larger skin surface to body mass ratio.



A topical steroid should never be used for longer than 10 consecutive days.

- Local side effects include but are not limited to burning, itching, stinging, skin thinning, irreversible stretch marks, changes in skin color that do not always go away, secondary infection, and allergic contact dermatitis.
- Systemic side effects include but are not limited to high blood glucose and manifestations of Cushing's syndrome. Cushing's syndrome occurs when your body is exposed to high levels of the hormone cortisol for a long time. The most common cause of Cushing's syndrome, sometimes called hypercortisolism, is the use of oral and occasionally topical corticosteroid medications. Symptoms of Cushing's syndrome include a fatty hump between your shoulders, a rounded face, and pink or purple stretch marks on your skin. Cushing's syndrome can also result in high blood pressure, bone loss and, on occasion, diabetes.

Antibiotics are used when there is an infection, called impetigo, present during an acute eczema flare. The antibiotics may be topically applied or an oral form may be given based on the severity of the infection.



Oral Antihistamines can be used to help reduce itching. Examples of antihistamines include Benadryl, Atarax, Zyrtec, Claritin, Clarinex, Xyzal and Allegra. Some antihistamines can be sedating and should be taken at bedtime.

Immunomodulators such as Protopic and Elidel may be prescribed for severe atopic dermatitis. These medications may help maintain normal skin texture and reduce flares. ***These medications have a theoretical risk of immunosuppression, with resultant theoretical progression to skin cancers and lymphoma.*** The FDA recommends that these medications be used only when other treatments have failed or if the patient cannot tolerate other treatments.



UV light therapy uses natural or artificial light exposed to your skin in controlled amounts. Though effective, long-term light therapy has many harmful effects, including premature skin aging and an increased risk of skin cancer.

Lifestyle modifications to control and reduce flares

Try to identify and avoid triggers that worsen the inflammation. Rapid changes of temperature, sweating, and stress can worsen eczema. Avoid direct contact with wool products, such as rugs, bedding, and clothing, as well as harsh soaps and detergents.

Avoid scratching whenever possible. Cover the itchy area if you cannot keep from scratching it. Trim nails and wear gloves at night. Take the prescribed antihistamines as directed to help prevent itching, and subsequent infections that can occur from severe itching.

Choose mild soaps without dyes or perfumes. We suggest Dove, Camay, Tone, or Caress. Use very little soap and only to areas needed. Be sure to rinse the soap completely off of your body. Do not use bubble bath or put oils into the bath water.



Take lukewarm baths. Take lukewarm baths instead of showers to preserve natural skin moisture. Do not vigorously scrub with a washcloth, sponge, or brush. After bathing, blot skin dry.



Moisturize your skin at least twice a day. We suggest Eucerin, Aquaphor, Cetaphil, CeraVe, or Vaseline Intensive Care. Apply moisturizers after bathing while skin is still damp. This will help seal in moisture.



Wear cool, smooth-textured cotton clothing. Avoid clothing that is rough, tight, scratchy, or made from wool. This will help avoid irritation to your skin. Also, wear appropriate clothing in hot weather or during exercise to prevent excessive sweating.



Minimize use of products that contain chemicals that can exacerbate eczema. These may include: perfumes, scented body lotions, mouthwash, toothpaste, makeup, hair products, nail polish, insect sprays, aerosol sprays, new clothing (wash it first), and unusual contacts—plastic (i.e. plastic dried plants).

Additional Information

Many times patients who have eczema also have another skin condition called keratosis pilaris. Keratosis pilaris is a common skin condition in which a protein in the skin called keratin forms hard plugs within hair follicles. Symptoms include small bumps that look like "goose bumps" on the back of the upper arms and thighs. Bumps feel like very rough sandpaper and may be skin-colored. The bumps are usually the size of a grain of sand and slight pinkness may be seen around the bumps. Bumps may appear on the face and be mistaken for acne. Treatment may include: moisturizing lotions to soothe the skin and help it look better, skin creams that contain urea, lactic acid, glycolic acid, salicylic acid, tretinoin, or vitamin D. Improvement often takes months and the bumps are likely to come back.

1. Allergy and Asthma Clinics of Georgia, www.aacoga.com
2. American College of Allergy, Asthma & Immunology, www.aaaai.org
3. The American Academy of Allergy, Asthma & Immunology, www.aaaai.org