

# Eczema/Atopic Dermatitis

This is a common skin condition which can come and go. Typically skin becomes red, dry and itchy, and the resultant scratching can cause swelling, cracking, “weeping” of fluid, and scaling of skin.

Between 10 and 20% of people worldwide develop atopic dermatitis, which is the most common form of eczema. Many develop the condition in the first year of life, and most by age 5.

**Infantile eczema** is usually worst on the scalp and face, as well as in the creases of the neck/behind the ears but can also be found on flexor surfaces (elbows, knees), in the groin folds, and in patches elsewhere. **Seborrheic eczema** may cause yellow, oily flakes on the scalp and face. Infants typically improve over time, often resolving by age 2.

Eczema is more common in children with **food allergies** and/or **asthma**, or with a family history of allergic diseases. The rash can be triggered by foods and topical agents (saliva, sweat, lotions) but often there is no obvious cause. Areas prone to rubbing (neck, groin) tend to be worse.

Older children and teens with eczema commonly have elbow and knee involvement, as well as patches on the hands/feet/wrists/face/neck/eyelids and upper chest. Long standing eczema can cause either pale or darkened patches of skin, or scaly/thickened skin due to chronic inflammation. Sun exposure can exaggerate skin color differences.

Chronic dryness and irritation of the skin can lead to fungal and bacterial infections, typified by increased redness, itch, crusting and discharge.

Many everyday exposures can cause flares of atopic dermatitis. **Wool** and other rough fabrics, juices from meats and fruits, **jewelry** (particularly cheaper, **nickel**-containing metals), **latex** in band-aids or tapes, and even some lotions. Metal snaps on jeans often cause a chronic rash around the belly-button (place **duct-tape** over the inside of the snap.) Wear **gloves** when using cleaning agents or cooking.

**Dyshidrotic eczema** is an irritation of the palms and/or soles that causes itch, blisters and peeling or cracking. Often mistaken for athlete's foot (which is uncommon in prepubertal children, and typically between the toes.)

## TREATMENT

### 1. MOISTURIZE, MOISTURIZE, MOISTURIZE

- Bathing is fine, but avoid any oil-removing soaps. Cetaphil, Mustela or Aveeno non-soap cleansers can be used sparingly in particularly dirty areas. Otherwise just use water.
- After bathing, immediately PAT dry (NO rubbing) and apply a thick layer of moisturizer. **Vaseline** or **Aquaphor** (CVS equivalent is fine) work best. For particularly tough areas, try a thick diaper ointment like **Triple Paste** under cotton pajamas.

- Reapply ointments (lotions are lighter but less effective) frequently during the day, particularly to prevent exposure to irritants (i.e. to face before eating, before going outside.)
2. Avoid laundry products with perfumes or dyes- particularly dryer sheets that can leave a residue on clothing.
  3. AVOID ITCH- this is the “itch” that “rashes.” Treating the itch will help avoid resultant irritation and infection. Try COOL lotions or compresses, antihistamines such as **benadryl** or **zyrtec**, covering bad areas with moisturizer and an occlusive bandage/cotton gloves.
  4. STEROIDS are the mainstay of medical treatment. For mild eczema you can start with over-the-counter 1% hydrocortisone cream applied twice a day. If skin is open, crusty or weeping, or persistently irritated and itchy see your physician; topical anti-bacterials or prescription steroids may be necessary. As steroids can thin the skin and cause color-change over time, they should be used in “bursts”- regularly for up to 2 weeks, then a 2 week break. If eczema is uncontrollable off topical steroids, revisit the physician.
  5. IMMUNE-MODULATORS- otherwise known as **Elidel** or **Protopic**, these prescription medications interfere with the inflammatory process that causes eczema. These can be used long term without adverse consequences for moderate to severe eczema.
  6. CHLOROX BATHS- eczema flares are often caused or accompanied by superinfection with skin bacteria such as

staph. Bathing 3 x week in a weak bleach bath can help (add ½ cup bleach to a tub of water, soak for 5-10 minutes.)

7. CRADLE CAP/DANDRUFF- simple treatment consists of moisturizing wet hair with **olive** or **mineral oil**, and combing out the flakes. For more persistent cases, **Selsun shampoo** can be used 2-3 times a week (shield eyes to avoid burning) and/or OTC 1% hydrocortisone cream 2 times a day for several days.
8. DYSHIDROTIC ECZEMA- use moisture wicking socks, and change frequently to avoid sweat-soaked feet. Moisturize frequently, with steroids as needed for itch/irritation.

For more information, follow this link for [Texas Children's Hospital](#).