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**Eczema** a.k.a. atopic dermatitis

* Chronic, relapsing, pruritic inflammatory skin disease
* Associated with elevated serum IgE levels, rhinitis and asthma

**Epidemiology**

* Age of onset typically < 5 years old but adults commonly affected as well

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* Affects 5-20% of all children worldwide, prevalence in US (all ages) is 11%

**Risk Factors**

* Family history, irritants, contact allergens, dietary factors, inhalant allergens, environmental factors/climate, stress

**Associated conditions**

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| Asthma  Allergic rhinitis  Food allergy | Depression  Sleep disturbance  Acute bronchitis | ADHD and other  behavioral disorders | Wiskott-Aldrich syndrome and hyper-IgE recurrent infection syndrome |

**Signs / Symptoms**

* Pruritis, erythema, xerosis, excoriations, lichenification, cracking, scaling, vesicles, oozing, crusting
* Ichthyosis (large scales), keratosis pilaris (plugging of pores), nipple eczema, Dennie-Morgan folds (under lower eyelid), palmar hyperlinearity 🡪 tendency toward hand and foot dermatitis

**Steroids**

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| --- | --- |
| Low dose | Hydrocortisone (0.5-2.5%) |
| Med dose | Triamcinalone (0.025-0.1%)  Desonide (0.05%) |
| High dose | Betamethasone (0.05%) |
| Ultra high dose | Clobetasol (0.05%, not used routinely in children) |

**Diagnosis**

* Based on history and physical findings, rarely biopsy
* Associated features can aid in dx but are nonspecific for defining or detecting dz

**Treatment**

* Avoid possible triggers or irritants
* Avoid soap, use nonsoap cleansers (generally neutral to low pH, hypoallergenic, fragrance-free) like Cetaphil, Dove, Aquaphor Gentle Wash, Aveeno, CeraVe or just plain ol’ water ☺ (also use WARM not HOT water)
* \*Emollients (moisturizers) should be an integral part of treatment and should be applied immediately after bathing – seal in that moisture! http://pix.iemoji.com/sbemojix2/0564.png ”Generous lubrication!”
* Creams recommended over lotions as lotions can be too watery and drying (believe it or not!)
* Pat skin dry rather than rub
* Elimination diet / food avoidance / (allergy testing in severe cases)
* 1st line therapy during flares: Topical steroids (ointment better than cream except on face, groin, arm pits )
* 2nd line therapy during flares: Topical calcineurin inhibitors like tacrolimus (Protopic 0.03-0.1%) for adults, pimecrolimus (Elidel 0.03%) for children
* Saran wrap over small areas and/or gloves at night for mod-severe symptoms (not to be used if infection present)
* Antihistamines PRN for pruritus 🡪 do all you can to avoid scratching and infection, also trim and file nails regularly
* Treat bacterial, fungal or viral superinfection if present. Remember to culture so you know what you’re treating!

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| Treatment Options | **Mild Atopic Dermatitis** | **Moderate Atopic Dermatitis** | **Severe Atopic Dermatitis** |
| Emollients | Yes | Yes | Yes |
| Topical corticosteroids | Mild potency | Moderate potency | Potent |
| Topical calcineurin inhibitors | No | Yes | Yes |
| Bandages | No | Yes | Yes |
| Phototherapy | No | No | Yes |
| Systemic therapy | No | No | Yes |

**Pt instructions:** .SCECZEMACARE or the default “Eczema” instructions in Epic. **References**: DynaMed, UpToDate, AAFP, Dr. Mbanugo.