

## ECZEMA (ATOPIC DERMATITIS)

### What is eczema?

Eczema is an inherited type of sensitive, dry skin. Eczema often starts on the cheeks at 2 to 6 months of age. The rash is most commonly found in the creases of the elbows, wrists, and knees. Occasionally, eczema occurs on the neck, ankles and feet as well. The rash is red and extremely itchy. If scratched, the rash becomes raw and weepy. The skin of the person with eczema is basically different because it itches more readily than normal skin. Also, patients with eczema tend to have drier skin, with less natural oils. Changes in temperature and weather may affect the skin. Although, there is no cure at present, relief can be obtained by measures that follow.

### What is the cause?

A personal history of asthma or allergy or a family history of eczema makes it more likely that your child has eczema. Flareups occur when there is contact with irritating substances (for example, soap or chlorine).

In 30% of infants with eczema, certain foods cause the eczema to flare up. If you suspect a particular food item (for example, cow's milk, eggs, or peanut butter) is causing your child's flareups, feed that food to your child one time (a "challenge") after avoiding it for 2 weeks. If the food is causing flare-ups, the eczema should become itchy or develop hives within 2 hours of eating the food. If this occurs, avoid ever giving this food to your child and talk to your physician about food substitutes.

### How long does it last?

Eczema is a very common, but chronic problem. Most babies recover and get better by the age of two years. Usually there is no scarring unless there has been a secondary infection. A few babies will continue to have eczema until they are school age at which time it disappears. There are a very few of these school age children who continue to have problems into adulthood. Most people with eczema get better with time. The goal is control, not cure. The early treatment of any itching can help prevent a severe rash must be get better.

### How can I take care of my child?

- **Steroid creams**

Steroid creams and ointments are the main treatment for the itch and redness of eczema. Over the counter **1-2% Hydrocortisone** ointment (preferable) or creams up to 3x daily is a good first treatment. After the rash quiets down, use it for an additional week. When you travel with your child, always take the steroid cream with you. If it starts to run out, buy some more or get the prescription refilled. For eczema on the facial area, check with your doctor before applying the same steroid used on the body as sometimes less potent steroids are used on this area.

- **Hydrating the skin / Moisturizers**

Hydration of the skin during bathing followed by lubricating cream (see below) is one of the main ways to prevent flare-ups of eczema. Water-soaked skin is far less itchy, but it must be covered by a lubricating cream soon after getting out of the bath. Eczema is very sensitive to soaps, especially bubble bath. Soaps for sensitive skin are best for cleaning. Nondrying soaps or soap alternatives such as **Dove (unscented for sensitive skin)** or **Cetaphil** work well. Keep shampoo off the eczema.

- **Lubricating cream**

Apply a lubricating product once daily (twice a day during the winter) every day. Some lubricating products are Keri, Lubriderm, Nivea, Nutraderm, Moisturel, and even coconut oil. **Cerave cream** and **Aquaphor** are both excellent lubricants. Also, **Vaseline** is one of the least expensive and most effective moisturizers. Children with eczema have dry skin most of the time. After a 10 minute bath, the skin is hydrated and feels good. Help trap the moisture in the skin by applying an outer layer of lubricating product to the entire skin surface while it is damp (within 3 minutes of leaving the bath). **Apply it after** you have put steroid cream/ointment on any red or itchy areas. For severe eczema, ointments are very helpful because they help trap moisture and hydrate the skin.

- **Itching**

At the first sign of any itching, apply the preventative steroid cream to the area that itches. Keep your child's fingernails cut short. Also, wash your child's hands with water frequently to avoid infecting the eczema. Use antihistamines to prevent itching.

- **Antihistamine Medicine**

An antihistamine is needed at bedtime for itching that is keeping your child from getting to sleep or causes your child to wake up during the night.

### **What can be done to prevent eczema?**

#### AVOID THE FOLLOWING:

- (1) Perfumes of any kind (if it smells good, don't use it!),
- (2) Wool (blankets, clothing),
- (3) Feathers (in pillows or comforters),
- (4) Animal pets of all kinds (except fish),
- (5) Insecticides,
- (6) Overheating (caused by over-dressing, or high room temperatures),
- (7) Contact with persons recently getting a small pox vaccination or fever blisters (herpes simplex).  
Atopic patients are more susceptible to a severe form of these conditions.
- (8) Nickel (in some jewelry),
- (9) Dry environments (especially in winter with dry heat). A humidifier in the child's room may be of some help.
- (10) Any fabric which is "scratchy" to the skin
- (11) Dust and dust collectors like shag rugs, venetian blinds, stuffed toys,
- (12) Bubble bath,
- (13) Fabric softeners, Bounce sheets, heavy detergents (especially Tide).

Try to breast-feed all high-risk infants. Otherwise, use a soy formula. Also try to avoid cow's milk products, soy, eggs, peanut butter, wheat, and fish during your infant's first year.

**A FEW THINGS TO REMEMBER:** Eczema is not contagious. Desensitization shots have never been shown to be of help in treating eczema. Good skin care will help to control eczema.

#### **STEROID UNDER OCCLUSION FOR SEVERE FLARE UPS:**

Covering the skin overnight increases the penetration and effectiveness of topical cortisone medication. For severe dermatitis you should use wet to dry wraps, overnight, after applying a cortisone to the rash, no more than 5 nights in a row. Please follow these directions carefully:

1. At bedtime, apply your medication (a cortisone) thinly to the rash areas only. This also works well if the medication is applied to wet skin, directly after bathing. Take a roll of gauze, Kerlix or Kling (these are

available at your local drugstore), dampen it with clean, warm water and squeeze out the excess water. Wrap the medicated area.

2. Wrap over the damp gauze with a dry one and secure with tape.
3. At first, wearing the wraps may be a bit uncomfortable. You may have to warm the room at night to prevent a chill, especially if you have covered a lot of body surface area. In children, using 2 sets of thermal underwear sometimes works better for large areas.
4. During the day, follow the printed dermatitis treatment and protection instructions, as directed by your physician. Apply a daytime lubricant thinly and often to the entire area. (Vaseline, Aquafor)
5. Keep your follow-up appointment. You will need an appointment 7 to 14 days after starting the cortisone/occlusion therapy.
6. Follow these instructions exactly until your next appointment. The cortisone/occlusion therapy should be used only under medical supervision and should not exceed 5 nights in row. Do not apply medication to normal skin.

**CAUTION:** Strong cortisone, used under occlusion, may cause your skin to thin and crack easily. To prevent this, be sure to use the cortisone/occlusion treatment on an “as needed” basis only.

### **When should I call my child's health care provider?**

Call IMMEDIATELY if:

- The rash looks infected and your child has a fever
- The rash flares up after contact with fever blisters

Call within 24 hours if:

- The rash becomes raw and open in several places
- The rash looks infected (red streaks, pus, yellow scabs)
- The rash hasn't greatly improved in 7 days of treatment
- You have other concerns or questions

