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PATIENT INSTRUCTION SHEET

ECZEMA

Eczema (Atopic Dermatitis) is a skin condition causing inflammation, redness, and itching. IT IS NOT CONTAGIOUS and is believed to be an inherited condition. It is associated with the other atopic disorders which include RAD (asthma), food allergies, allergic rhinitis (seasonal allergies), and allergic conjunctivitis (seasonal allergies). The two main stays of therapy are emollients (moisturizers) and topical anti-inflammatory medicines (usually topical low potency steroids). Different things can “trigger” the symptoms or make them worse. These “triggers” include:

- Dry, cold weather
- Scratching, sweating
- Heat and hot water, excessive bathing
- Stress or worrying
- Dust, pollens
- Certain foods or preservatives
- Animals
- Soaps and Detergents
- Wool

There is no cure for eczema, but there are things that can be done to help keep eczema under control: Avoid the use of hot water and perfumed soaps when bathing. **Dove** or **Aveno** soaps, or **Cetaphil Cleanser** are preferred.

- When you child gets out of the tub or shower, pat him/her dry (avoid rubbing dry) and immediately apply an *ointment* moisturizer (do not use lotions) to all skin areas. Make sure you do this while the skin is still damp. **Aquaphor Ointment** is the preferred treatment.
- If an area is red and itchy, apply the prescribed steroid ointment BEFORE applying the moisturizer. Use steroid cream only on areas that are itchy or irritated, but use the moisturizer over all skin areas (including on top of the steroid ointment).
- Avoid dressing your child with tight clothing and tight belts. Avoid wool: loose 100% cotton clothing is the best.
- Watch for signs of infection to irritated areas: pus, swelling, increased redness, pain, increased warmth. If these symptoms appear, bring your child to the office.

Special Instructions:

Cleanser: _____

Medication: _____

Moisturizer: _____

If you have any questions, please call.

Eczema and Dermatitis

Eczema is a general term used to describe a number of different skin conditions. It usually appears as reddened skin that becomes moist and oozing, occasionally resulting in small, fluid-filled bumps. When eczema becomes chronic (persists for a long time), the skin tends to thicken, dry out and become scaly with coarse lines. The two main types of eczema are atopic dermatitis and contact dermatitis.

Atopic dermatitis often occurs in infants and children who have allergies or a family history of allergy or eczema, although the problem is not necessarily caused by an allergy. Atopic dermatitis usually develops in three different phases. The first occurs between 2 and 6 months of age, with itching, redness, and the appearance of small bumps on the cheeks, forehead or scalp. This rash may then spread to the arms or trunk. In many cases, the rash disappears or improves by 2 or 3 years of age.

The second phase of this skin problem occurs most often between the ages of 4 and 10 years, and is characterized by circular, slightly raised, itchy and scaly eruptions on the face or trunk. These are less oozy and more scaly than the first phase of atopic dermatitis, and the skin tends to appear somewhat thickened. The most frequent locations for this rash are in the bends of the elbows, behind the knees, and on the backs of the wrists and ankles. This type of eczema is very itchy, and the skin generally tends to be very dry. The third phase, characterized by areas of itching skin and a dry, scaly appearance, begins at about age 12 and occasionally continues on into early adulthood.

Although there is no cure for atopic dermatitis, it generally can be controlled and often will go away after several months or years. The most effective treatment is to prevent the skin's becoming dry and itchy. To do this:

- Avoid frequent long, hot baths, which tend to dry the skin
- Use skin moisturizers (e.g., creams or ointments) regularly and frequently to decrease the dryness and itchiness
- Avoid harsh or irritating clothing (wool or coarse-weave material)
- If there is oozing or exceptional itching, use tepid (lukewarm) compresses on the area, followed by the application of prescribed medications

Your pediatrician usually will suggest a medicated cream or ointment to control inflammation and itching. These preparations often contain a form of cortisone and should be used only under the direction of your doctor. In addition, other lotions or bath oils might be prescribed. It's important to continue to apply the medications for as long as your pediatrician directs. Stopping too soon will cause the condition to recur. In addition to the skin preparations, your child may need to take an antihistamine by mouth to control the itching, and antibiotics if the skin becomes infected.

The other type of eczema, contact dermatitis, is caused by contact with an irritating substance. One form of this condition results from repeated contact with irritating substances such as citrus juices, bubble baths, strong soaps, certain foods and medicines, and woolen or rough-weave fabrics. In addition, one of the most common irritants is the child's own saliva. Contact dermatitis doesn't itch as much as atopic dermatitis and usually will clear when the irritant is no longer present.

Contact dermatitis can develop after skin contact with substances to which the child is allergic. The most common of these are:

- Certain flavorings or additives to toothpastes and mouthwashes (these cause a rash around the mouth)
- Glues and dyes used in the manufacture of shoes (they produce a reaction on the tops of the toes and feet)
- Dyes used in clothing (these cause rashes in areas where the clothing rubs or where there is increased perspiration)
- Nickel jewelry or snaps on jeans or pants
- Plants, especially poison ivy, poison oak and poison sumac
- Medications such as neomycin ointment

This rash usually appears within several hours after contact (one to three days with poison ivy). It is somewhat itchy and may even have small blisters.

The treatment of allergic contact dermatitis is similar to the treatment of eczema, although your pediatric dermatologist or allergist also will want to find the cause of the rash by taking a careful history or by conducting a series of patch tests. These tests are done by placing a small patch of a common irritant (allergen) against your child's skin. If the skin reacts with redness and itching, that substance should be avoided.

If your child appears to have a rash that looks like eczema, your pediatrician will need to examine it to make the correct diagnosis and prescribe the proper treatment. In some cases, the pediatrician may arrange for a pediatric dermatologist to examine your child.

Alert your pediatrician if any of the following occurs:

- Your child's rash is severe and is not responding to home treatment
- There is any evidence of fever or infection (such as blisters, redness, yellow crusts, pain or oozing of fluid)
- The rash spreads or another rash develops