

# ATOPIC DERMATITIS

This condition is sometimes called infantile eczema or baby eczema, although these terms are inappropriate since the condition can begin after infancy and can certainly be a problem in later life. There may be confusion between the terms "eczema" and "dermatitis". In fact these mean the same thing.

Atopic dermatitis is a condition which runs in families. Very often there is a family history of eczema or of related diseases such as asthma and hay fever.

Atopic dermatitis can be considered a 'sensitivity' of the skin. Patient's usually DO NOT HAVE AN ALLERGY.

Atopic Dermatitis can begin at any age but three quarters of patients will show the signs by six months of age.

The skin is dry and itchy all over. The dermatitis can occur anywhere but there are particular patterns that are more common at certain ages. In very young children the face, over the knees and the fronts of the ankles are often involved. In older children the main areas of involvement are the inside of the elbows and behind the knees. The dermatitis may be moist and weeping or may be thickened and dry. Scratch marks are always seen.

Children with dermatitis, because they frequently scratch their skin, can introduce infection easily. Therefore impetigo (a bacterial infection) is commonly associated. This infection shows itself as pus formation or sometimes just a worsening of eczema. Antibiotic medicines are needed. A swab should always be taken before the antibiotic is started.

Children with eczema may have difficulty in dealing with herpes simplex or cold sore virus. They can develop severe infections with this virus. Anyone with an active cold sore should be careful not to have close contact with a child with eczema. The usual childhood immunizations commenced at two months are quite safe in children with eczema.

## Management

It is important to appreciate that these people have been born with a dry, irritable skin. This skin will remain dry and itchy through the patient's life. The degree of irritability may lessen with time. Various things will aggravate this irritable skin. When this happens, whatever the age of the patient, dermatitis will occur. Therefore the tendency to dermatitis is lifelong but the fact of dermatitis may not be lifelong. The important thing to grasp is that this skin will have to be understood and cared for, for life. If this is done, often the development of dermatitis remains a rare event.

## Atopic Dermatitis

# Care of the skin

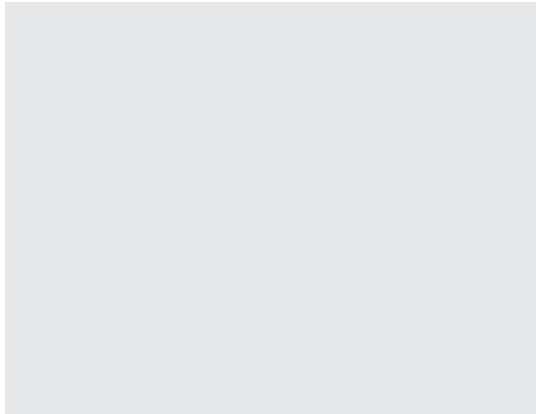
## Problems may occur with:

1. Wool and nylon in direct contact with the skin. Apart from the patient's own clothing, remember the mother's clothes, carpets, car seat and stroller cover, blankets, toys and so on. Protective cotton clothing prevents contact with carpets etc.
2. Sand. Playing in a sandpit can be very irritating. The mother should always have a non sandy towel to dry the child at the beach. A pair of dry pants to put on when the child comes out of the water will prevent the irritation of wet sand inside a wet swimming costume.
3. Water without oil in it. For recreation, sea water is better

than chlorinated swimming pools. Chlorine may irritate the child's skin.

4. Soap. As it will irritate and dry out the skin. Use an emollient like sorbolene cream as a soap substitute.
5. Perfume products.
6. Medicated products, e.g. Dettol, Savlon, Pinetarzol.
7. Bubble baths.

It is important to know that these are things that can irritate the skin of your child. They may not all be a problem in each individual case. However if you are aware of the possible sources of irritation, you can assess their relevance to your own child.



[Common locations for Eczema](#)

### DEALING WITH DRYNESS

a) Shower or bath for 5 minutes only as long baths dry out the skin. Luke warm water, NOT HOT.

b) Moisturisers. We prefer 10% glycerine in sorbolene cream . Some people are irritated by this and other agents such as Eucerin have to be used. The moisturiser should be used all over twice a day, even when there is no active eczema.

### CORTISONE PREPARATIONS

These are safe if used only where there is active eczema and until the eczema settles. After this they should be stopped. Ointments (clear) are in general better than creams (white). Nothing stronger than hydrocortisone should be used on the face, under the arms or in the groin. They should be used diligently under medical supervision, as directed by your Dermatologist.

### WET DRESSINGS

If a child has very severe eczema that is not responding to treatment at home, he can be treated in hospital with the use of wet dressings. Here the patient has an oil bath and moisturiser is applied all over.

A cortisone preparation (in this case a cream because it mixes better with water) is applied to the bad areas. Sheetting soaked in tap water is put on and held in place by crepe bandages and outside this is a net material which holds the bandages in place. The whole procedure is repeated three times a day.

### SEDATION

Sometimes sedatives are necessary at night. These are not habit forming. They should be avoided in the daytime. Sedating antihistamines are often used for this purpose.

### DIET

Food allergies are rarely important in causing eczema. Unless a child develops redness and itching immediately after having a particular food, allergy is unlikely. Children should not be withdrawn from dairy products unless a definite reaction is demonstrated or is diagnosed by your doctor.

