

Atopic eczema

What is atopic eczema?

Eczema refers to a red, scaly, itchy, sometimes weeping skin condition. *Atopy* refers to an allergic condition that tends to run in families and includes problems such as asthma, hay fever, atopic eczema and skin sensitivities. However, anyone can become allergic.

Atopic eczema is common and affects about 5% of the population. It is not contagious. No particular cause has been found.

What are the symptoms?

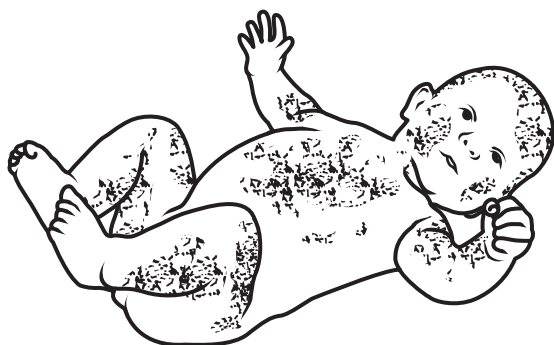
In mild cases the skin is slightly red, scaly and itchy and covers small areas. In infants it usually starts on the face and scalp; in severe cases it can cover large areas, is very itchy and starts to weep and become crusted. The children may be very irritable and uncomfortable.

What ages are affected?

Eczema usually starts in infants from any age, but often before 12 months. It tends to improve from 1 to 2 years, but the rash may persist in certain areas, such as the flexures of the elbows and knees, the face and neck, and the fingers and toes. It tends to be coarse, dry and itchy at this stage. Many children have outgrown it by late childhood, most by puberty, but a few have it all their lives.

What are the risks?

It is not a dangerous disease, but infection can occur from scratching, especially if the skin is raw. Contact with herpes simplex (cold sores) can produce nasty reactions. Patients have a tendency to develop asthma and other 'atopies' later.



Typical sites of infantile eczema

What things appear to aggravate eczema?

- Sand, especially sandpits
- Dust, especially dust mites
- Soaps and detergents
- Rough and woollen clothes
- Abrasive surfaces (e.g. carpets, sheepskin)
- Scratching and rubbing
- Dry skin
- Frequent washing with soap, especially in winter
- Drying preparations such as calamine lotion
- Extremes of temperature, especially cold weather with low humidity and heat
- Stress and emotional upsets
- Teething
- Certain foods (which parents may identify).

Note: The relationship of diet to eczema is controversial and uncertain. It may be worthwhile avoiding certain suspect foods for a 3 to 4 week trial—these include cow's milk, fish, eggs, wheat, oranges and peanuts.

What about skin tests and injections?

The value of allergy testing is doubtful, and 'desensitisation' injections may make the eczema worse.

What is the treatment?

Self-help

- Avoid soap and perfumed products—use a bland bath oil in the bath (e.g. QV, Alpha Keri) and a bland cleansing agent (e.g. sorbolene cream).
- Apply a moisturising agent to dry, irritated skin three times a day. Use sorbolene cream or paraffin creams (e.g. Dermeze, Redwin, Egozite baby cream) or others that help.
- Older children and adults should have short, tepid showers.
- Avoid rubbing and scratching—use gauze bandages with hand splints for infants.
- Avoid sudden changes of temperature, especially those that cause sweating.
- Wear light, soft, loose clothes such as cotton clothing, which should always be worn next to the skin.
- Avoid dusty, dirty conditions and sand, especially sandpits.
- Consider house dust mite eradication steps.

Medical help

Your doctor, who should be consulted if you are concerned, may prescribe antihistamine medicine for the allergy and sedation, special moisturising creams and lotions, antibiotics for infection (if present) and milder dilute corticosteroid creams, which can be very effective.