



Skin Concept

Atopic Dermatitis (Atopic Eczema)

What is Atopic Dermatitis?

Atopic Dermatitis is a common chronic inflammatory skin disease, which affects 20% of children. It usually starts at 3-6 months of age. Affected individuals have dry red, swollen, blistering and weepy or dry, thick, crusty or bloody patches. As a young baby, the patches are often on the face, outer sides of arms and legs. Diaper area is often spared. When a child becomes older, the skin creases are more likely to be affected. In an adult, the face and hands are common sites.

What is Atopy?

Atopy is a general hypersensitivity to environmental allergens. It can manifest in dermatitis, seasonal allergies and asthma. Patients especially children should avoid smoking and inhaling second hand smoke, these will predispose them to asthma.

Why do patients with atopic dermatitis have dry skin?

There is impaired barrier function of the skin, so the skin doesn't hold moisture in well. This results in dry skin. They may also have a genetic mutation, which causes dry skin.

Is Atopic Dermatitis caused by allergy to food?

Food allergy does not cause eczema. However, in a small number of young children, there maybe true food allergy such as to milk, wheat, soy, nuts and eggs. These usually appear as hives around the mouth or widespread hives within 30 minutes of ingesting a particular food. Vomiting, diarrhea and abdominal pain can also occur.

What makes patches of dermatitis come and go? (Tips to deal with these)

Often there is no reason. However, dermatitis can be made worse by:

1. Fragrance products (to avoid any scented products, those contain parfum or fragrance)
2. Harsh detergents, chlorine (to avoid, wear rubber gloves, rinse off well)
3. Low humidity, sweat, heating (humidifier, turn down heating, bathe in lukewarm water, avoid overheating)
4. Synthetic fabrics or wool (cotton undergarment is best), silk or soft synthetic fibres maybe ok
5. Playing in the grass (to avoid, protective clothes)
6. House Dust Mite in soft furnishings & carpets (reduce soft furnishings, regular dusting and vacuuming, Gortex cases for pillows and mattress)
7. Pets (avoid furry pets)
8. Acidic Foods (Vaseline ointment as barrier)
9. Stress (meditation, hatha yoga)



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What is pityriasis alba or post-inflammatory hypo or hyperpigmentation?

Pityriasis alba is scaly white round patches of low grade dermatitis which often affects the face of a child. After dermatitis goes away, it can leave the skin lighter (hypo) or darker (hyperpigmentation) in color.

Are infections more common in Atopic Dermatitis?

Patients with atopic dermatitis tend not to handle viruses well. Herpes simplex can cause a widespread skin problem called eczema herpeticum. Avoid contact with people with active cold sores. Molluscum contagiosum is a very common childhood skin infection, it is more severe and more resistant to treatment in patients with atopy. In general, patients with atopic dermatitis tend to have longer colds. Bacterial infection with Staphylococcus Aureus is more common in atopic dermatitis. It usually presents with honey colored crusts. Having more Staphylococcus Aureus in the skin can sometimes cause a severe flare of dermatitis.

Can Atopic Dermatitis cause other problem with health?

Severe atopic dermatitis can affect sleep. A child especially when deprived of sleep may not grow well and he/she may have difficult concentrating at school. Sedating antihistamines such as Benadryl or Atarax may be helpful. When eczema is severe and affects more than 90% of the body surface, the patient has erythroderma. This can cause serious infection and dehydration, and should be treated as an emergency. Eye problems can occur in atopic dermatitis with severe eyelid eczema.

How is Atopic Dermatitis treated?

It requires frequent use of emollients and bath emollients. In general, the greasier it is, the better it is to hold moisture. The best time to apply an emollient is when the skin is still damp from bathing. Examples of bath emollients are keri oil, Oilatum bath oil and Aveeno oatmeal bath treatment.

Steroid creams are used when there is active itchy dermatitis once a day to affected areas. A weaker one is used for the face and skin folds. In some cases, topical calcineurin inhibitor creams can be used e.g. tacrolimus and pimecrolimus. They can cause stinging and burning on the first few applications. Maintenance therapy 1-2 a week to prevent frequent flares can be considered. In severe cases, other treatments such as bleach baths, topical tar, wet wraps, oral antibiotics, light treatment, oral steroids, oral cyclosporine, oral azathioprine and oral methotrexate may be offered.

Will Atopic Dermatitis go away completely?

One third of children will grow out of their dermatitis completely. One third will persist. One third will get better in teenage years only to recur in adulthood.

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