Atopic eczema, otherwise known as atopic dermatitis or infantile eczema, is a chronic relapsing itchy rash/disease of the skin.

The skin of a patient with atopic eczema reacts easily to irritants, food, and environmental allergens (cat/dog/dust mite) and becomes red, flaky and very itchy and vulnerable to infections caused by bacteria.

The skin on the flexural surfaces of the joints (for example inner sides of elbows and knees) are most commonly affected.

Atopic dermatitis often occurs with other atopic diseases like rhinitis, asthma and allergic conjunctivitis.

It is a hereditary condition.

Atopic dermatitis in older children and adults is often confused with psoriasis.

Although there is no cure for atopic eczema, it can be treated effectively through a combination of prevention (learning what triggers the allergic reactions) and drug therapy.

Atopic dermatitis most often begins in childhood/infancy and may persist into adulthood.

It usually commences after the 3rd month of life as a weepy rash on the face and outer surfaces of arms and legs and then progress in later childhood as a dry scaly itchy rash commonly of the inner creases of the elbows and knees.

"It's not the eruption that itches, but the itch that erupts."

PREVENTION

Diet

- Institute general allergy prevention measures in high allergy risk newborns. These include avoidance of parental smoking during pregnancy and after birth and breast
feeding until at least 4 months of age.

- About 30% of children with eczema will develop food allergy. This usually affects very young children with severe uncontrolled eczema, but can also affect children with mild eczema.
- It is important that a proper diagnosis of food allergy be made before changing the diet of young infants (See brochures on food allergy).

**Clothing**

- Children should avoid hot humid and cold dry weather, excessive sweating, woollen or synthetic clothing close to the skin and perfumed soaps.
- Cotton underwear, clothing and bed linen are recommended.

**Detergents/skin irritants**

- Non-biological washing powders should be used, and fabric softeners are not recommended. Bubble baths, household antiseptics and medicated soaps are best avoided.
- Swimming pool chlorine may also irritate and dry out the skin.
- Local household skin irritants include wool, mohair, nylon and feathers.
- House dust mites as well as dogs and cats may aggravate eczema.

**Washing**

- Bath water should be lukewarm and moisturising emollients must be applied to the skin within 3 minutes of patting the skin dry (never rub the skin dry).
- Use non-perfumed soaps.
- If non-perfumed soaps irritate the skin then try aqueous cream.
- Hair should be washed over a bath/basin to avoid shampoo coming into contact with the skin.

**Night-time**

- Cover as much skin as possible with non-allergenic lightweight cotton clothing, taking care not to overdress or overheat.
• Cotton gloves and short fingernails may reduce scratching.
• Elbow splints may need to be applied to stop intractable scratching at night.
• If house dust mite allergy is present, use mite-occlusive bedding.

Immunisations

• Routine childhood immunisations should be given.
• Consult your doctor if you have any concerns about these immunisations.

TREATMENT

Moisturisers/emollients

• Moisturising creams and ointments, the mainstay of eczema treatment, are safe and should be applied liberally several times a day, to hydrate and protect the skin.
• Some people may find that products irritate their skin; if this occurs another product should be tried. Different emollients include emulsifying ointment (HEB), cetomacrogol, Ultrabase and Oilatum cream.
• Sometimes coal-tar is applied to treat thickened skin.
• Aqueous cream should be not used as a moisturiser.

Cortisone/steroid creams

• These produce rapid relief and are used for short periods to settle eczema flare-ups.
• They may also be used for longer periods when diluted in an emollient in which case treatment should be tapered off slowly.
• Their long-term use may lead to thinning of the skin.
• Cortisone tablets or injections are not recommended, and while they may provide transient improvement, may cause a worsening of eczema.

Antibiotics

• Eczema sufferers are more prone to skin infections (bacterial, fungal and viral,
including the common wart!).

- Antibiotic creams and occasionally oral antibiotics are prescribed to treat infected eczema which may present as sudden development of crusting, oozing and redness of the skin.

**Antihistamines**

- The older sedating-type antihistamine tablets or syrups such as Aterax may reduce itching especially at night.
- Antihistamine creams may sensitise the skin and should be avoided.

For additional reading visit: [http://en.wikipedia.org/wiki/Atopic_dermatitis](http://en.wikipedia.org/wiki/Atopic_dermatitis)