

ATOPIC DERMATITIS

“Dermatitis” means inflammation of the skin. “Atopic” dermatitis is a particular type of skin inflammation that is marked by dryness, associated itching, and a characteristic pattern of rash on the body. The condition is fairly common, and may occur in as many as 10% of children.

The exact cause of atopic dermatitis is unknown. In many patients, there is a family history of hay fever, asthma, or atopic dermatitis itself. Rarely, atopic dermatitis in infants may be related to food sensitivity, such as sensitivity to milk, but this is often difficult to determine and manage. In the majority of cases, however, no allergic triggers can be found. However, physical or emotional stressors (severe seasonal allergies, physical illness, etc) can worsen atopic dermatitis.

Atopic dermatitis usually starts in infancy from the ages of 2 to 6 months. The skin is dry and the rash is quite itchy, so infants may be restless and rub against the sheets or scratch, if able. The rash may involve the face or it may cover a large part of the body. As the child gets older, the rash may become more localized. In early childhood, the rash is commonly on the legs, feet, hands, and arms. As a child becomes older, the rash may be limited to the bend of the elbows, knees, on the back of the hands, feet, and on the neck and face. When the rash becomes more established, the dry itchy skin may become thickened, leathery and sometimes darker in coloration. The more the person scratches, the worse the rash is and the thicker the skin gets. Many children with atopic dermatitis outgrow the condition before school age; some continue to have problems into adolescence and adulthood.

Many things may affect the severity of the condition. All patients have sensitive and dry skin. Many will find that during the winter months when the humidity is very low, the dryness and itchiness will be worse. On the other hand, some people are easily irritated by sweat and will find that they have more problems during the summer months. Most patients note an increase in itching at times when there are sudden changes in temperature. Other irritants easily affect the skin of a patient with atopic dermatitis. Use of harsh soaps or detergents and exposure to wool are common problems. Sometimes atopic dermatitis may become infected by bacteria, yeast, or viruses. This is called “secondary infection”. Bacterial secondary infection is the most common and is often a result of scratching. The rash gets very red with pus filled pimples and scabs. If this occurs, your doctor will prescribe an antibiotic to control the infection. A more serious complication can be caused by certain viruses. The “cold sore” virus (herpes simplex) may cause a severe rash. If this is suspected, immediately contact your doctor. Molluscum is another virus that tends to spread rapidly in patients with atopic dermatitis.

WHAT CAN I EXPECT FROM TREATMENT?

Unfortunately, there is no “magic cure” that will always eliminate atopic dermatitis. The main objective in treating atopic dermatitis is to decrease the skin eruption and relieve the itching. There are a number of different forms of the medications that are used for atopic dermatitis, and medications that are best suited to control the problem will be chosen. Primarily, topical medications will be used. Because the skin is excessively dry, lubricants will be prescribed that will effectively decrease the dryness. If a soap is tolerated, it should be one that is superfatted, to minimize the dryness effect of the soap (Dove Soap, Cetaphil Cleanser, or CeraVe Cleanser) Daily bathing is a useful way to get water into the skin, but bathing should be brief (no more than 10 minutes unless otherwise indicated by your physician).

Effective lubricants [Cetaphil cream or lotion, CeraVe cream or lotion (available only at CVS and Walgreens), Aquaphor, and plain Vaseline] can be used immediately after the bath or shower to trap moisture within the skin. It is best to “pat dry” after a bathing and then mix your moisturizer (cream or lotion) with the moisture left on your skin. Cortisone (steroid) derived ointments or creams (ex: triamcinolone, hydrocortisone, desonide, betamethasone, clobetasol) may also be suggested, and are very important in decreasing the itching and controlling the inflammation. Your doctor will suggest a cortisone treatment that is most appropriate for the severity and location of the dermatitis that is to be treated. **When the area is clear, it is best to discontinue the use of the cortisone preparation, but continue the regular use of lubrication to try to prevent new areas of dermatitis from occurring.** Of course, if itching or a new rash begins; the cortisone preparation may have to be reintroduced. Anti-inflammatory creams and ointments which are NOT steroids such as Protopic and Elidel may also be prescribed.

Certain internal medicines, called antihistamines (Atarax, Benadryl, Hydroxyzine) may help control itching. They primarily help with the itching by introducing some drowsiness and allowing the child to sleep at night. Some systemic antibiotics are often useful as well for controlling the secondary infection, and often enable infected dermatitis to be controlled.

OTHER IMPORTANT FORMS OF TREATMENT

1. Avoid contact with substances you know cause itching. These may include soaps, detergents, certain perfumes, dust, grass, weeds, wools and other types of scratchy clothing.
2. You may bathe daily. Use no soap or the minimal amount necessary to get clean. Always use lubrication immediately after bathing (**3 minute rule**). Avoid very hot or very cold water and bubble baths. When drying with a towel—pat dry and do not rub. Use a mild soap (unscented Dove, CeraVe cleanser, Lever 2000 or Cetaphil)
3. Try to keep the temperature and humidity in the home fairly constant. Use a bedroom air conditioner in the summer and a vaporizer in the winter. It is very important that the vaporizer or humidifier be cleaned frequently and thoroughly since molds may grow and cause allergies.
4. Try to avoid scratching. Atopic dermatitis is often called “the itch that rashes” and it is known that scratching plays a very important role in making atopic dermatitis worse. Keeping the nails short and well-filed, and using other measures to help keep the child from itching are helpful.

The National Eczema Association (www.eczema-assn.org) is a wonderful organization which sends out a quarterly newsletter with useful information. Please consider contacting them: National Eczema Association for Science and Education, 1220 SW Morrison, Suite 433, Portland, Oregon 97025 or at the above website.