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ATOPIC DERMATITIS

Atopic dermatitis (Eczema) is an all too common problem in infants and toddlers. It is a problematic skin rash that tends to be chronic, relapsing, and prurutic (itchy). It has often been termed the itch that erupts, meaning the itching precedes the rash. It usually has established itself by age five and fortunately digresses by adolescence. The cause seems to be multifactorial, that is genetics, allergy, and infection may all play a role.

Eczema Action Plan

Step 1: Avoid Irritants and Triggers. Avoid woolen and synthetic clothing. Choose 100% cotton fabrics. Avoid perfumes, scented lotions, bubble baths, and deodorants. Use mild laundry detergents and double rinse the wash.

Step 2: Avoid Dry Skin. Skin hydration and topical therapies are also the mainstays of treatment. Bathing with tepid water and locking in moisture with emollients such as Aquaphor is very helpful. Vanicream, Alpha Keri Oil, Lubriderm, or even Crisco have been very helpful in some patients. Patients are encouraged to apply these prior to even drying off.

Step 3: Avoid the Itch. Patients are encouraged to prevent scratching by trimming nails and possibly wearing gloves or socks during sleep. Antipruritics (antihistamines), both topical and systemic, are extremely helpful.

Step 4: Medicate the Rash. Topical steroids such as triamcinolone cream are paramount. The strength of the steroid must match the nature of the skin applied as atrophy (thinning) and bleaching may occur. Care and conservatism is paramount in treating the face and groin areas. Topical immunosupressants such as Protopic and Elidel can be helpful in children over 2, although some safety issues have been raised.

Step 5: Treat underlying Causes. Antibiotics for Staphylococcal bacterial colonization have proven helpful in select patients. Aggressively treating allergies can also prove beneficial. This is where sublingual (allergy drop) therapy really shines.

More about Food Allergies

Allergies may have a role in some eczema or atopic dermatitis so allergy testing is paramount. Ingestant, or food allergies, may be more important than inhalant allergies.

Food allergies are complicated and remain poorly understood. Fortunately, food allergies, like atopic dermatitis, peaks in infancy and early childhood and then digresses. This phenomenon

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strengthens the causal link. Unfortunately, many children go on to develop inhalant allergies and asthma (termed the “allergic march”).

Diagnosis is performed by dietary elimination and challenge, as well as by skin and blood tests.

Treatment is mainly through dietary manipulation. We encourage nursing mothers to continue, but monitor their own diet because many antigenic proteins pass through breast milk. Casein and whey are the primary antigenic proteins in cow’s milk, and dairy is the biggest culprit. In children that are not nursing, we often will try a hypoallergenic formula. Our favorites include Elecare, Neocate, and Neutramogen. However, they can be quite expensive, and Neutramogen has an odd smell. We suggest buying these formulas on ebay.

Immunotherapy is controversial in the treatment of ingestant allergies. Sublingual immunotherapy (Allergy Drops) is an safe and often effective therapy. It can be helpful to some patients, however, so it may be initiated with thought and care. Aggressively treating inhalant allergies can often lessen the patient’s food allergy problems as well.

Fortunately, atopic dermatitis (eczema) and food allergies peak in infancy and childhood and we tend to out grow them. Unfortunately, many children go on to develop inhalant allergies and asthma (termed the “allergic march”). Although these conditions seem very complicated, most patients can be helped.