

# Pediatric Health Care

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## Atopic Dermatitis (Eczema)

Eczema is a chronic itchy inflammatory skin disease that occurs most frequently in children, but also affects adults. Eczema is often associated with elevated serum level of immunoglobulin E and a personal or family history of atopy, which describes a group of disorders that includes eczema, asthma, and allergic rhinitis.

Eczema occurs in the first year of life in 60 percent of cases and by the age of five years in nearly 85 percent of cases. The clinical presentation at various ages is outlined below:

- In infants and young children (zero to two years), Eczema typically presents with itchy, red, scaly, and crusted lesions on skin of the forearm and cheeks or scalp. There is usually sparing of the diaper area. Acute lesions can include vesicles, and there can be serous discharge and crusting in severe cases.
- In older children and adolescents (2 to 16 years), Eczema is characterized by less discharge and often demonstrates rashes with a leathery bark-like appearance in the body folds, especially of the inside of the elbows or knees, the wrists, ankles, and neck. Your child may develop a reticulate pigmentation on their neck, which looks like a group of dark dot follicles.

Eczema follows a chronic relapsing course over months to years. Patients with mild disease may experience intermittent flares with spontaneous remission, but patients with moderate to severe dermatitis rarely clear without treatment.

## Treatment

Exacerbating factors in Eczema that disrupt already sensitive skin includes excessive bathing without subsequent moisturization, low humidity environments, emotional stress, dry skin, overheating of skin, and exposure to solvents and detergents. Avoiding these situations is helpful for acute flares as well as for long-term management.

Topically applied corticosteroids and emollients are the mainstay of therapy for atopic dermatitis. Some common emollients include thick creams (eg, Vanicream, Cerave, Cetaphil, Nutraderm), or ointments (eg, Aquaphor or Hydrolatum). To maintain skin hydration, emollients should be applied at least two times per day and immediately after bathing or hand-washing.

Some children respond positively to taking a baking soda bath. Fill the bathtub with enough warm (not hot) water to be able to submerge your child's body when they sit. Mix four to five tablespoons of baking soda into the water. Use a spoon to help dissolve baking soda. Soak affected area for 10-20 minutes. Gently dry off with a soft towel to avoid further irritation.

If the rash has not improved after two weeks of treatment with emollients and elimination of exacerbating factors, you should contact us again for a follow up.

You should speak to a provider at Pediatric Healthcare prior to beginning any treatment involving corticosteroids. The choice of the corticosteroid potency should be based upon the patient's age, body area involved, and degree of skin inflammation.