



Atopic Dermatitis (Eczema)

The term 'atopy' is derived from Greek word "atopos" meaning out of place. It is used to describe the genetic predisposition to over-react to relatively harmless environmental stimuli, triggering an exaggerated inflammatory reaction disrupting the normal structure and function of different organs of the body. Atopic individuals may or may not have symptoms, but are genetically predisposed to develop one or more Atopic Diseases (i.e., allergic rhinitis, conjunctivitis, hay fever, asthma, eczema and food and other allergies) on a strong familial basis.

Atopy Eczema or Dermatitis is the itchy red blotchy eruption that starts in infancy, is worse in childhood and improves with age. Ideally if you can identify and avoid the trigger that is causing this reaction, then your problem should resolve. Unfortunately it is multifactorial ie multiple causes which cannot be even identified. This Atopy "out of place" reaction could be to common household things which we cannot avoid. It is not anything unusual. We know that body at times over reacts in its self-defense literally attacking its own vital organs including skin causing serious autoimmune diseases.

So what can we do to make ourself comfortable if we have this inherited tendency

Try to identify and Avoid the Trigger. A diary listing your symptoms & your activities, exposure & food may give you some clues as to what could be at least aggravating if not causing your symptoms. Next step would be eliminating or avoiding suspected agents, things and places. It is going to be an ongoing process. Allergies and untoward reaction change all the time. You could have permanent allergic reactions to certain things. Certain allergies fade, others get worse and new ones can appear anytime. Reduction of triggers is crucial if avoidance is not possible. Keep your diary up-to-date. Exposure to pets, pollen, hairy stuffed toys, mattress & carpets accumulating house dust mites can be common contributing factors.

Allergy Tests: Keep a diary of when & where symptoms occur, and what you were doing or eating before that. **Allergy testing is helpful in identifying only IgE-mediated reactions to inhalant, venom, foods & drugs.** Routine Allergy Testing does not help in management of your condition most of the time. You may have positive allergy tests to a variety of foods and inhalants with no clinical relevance to your eczema. The longer the list of food and other allergies, the less likely these are related to your skin problem.

Relief of Discomfort: If your skin is red, hot, swollen and inflamed. Apply cold compresses. Whole milk can be very soothing and moisturizing. Heat, Humidity and Sweating can be aggravating your eczema: Find a cool place with air conditioning. Go to a mall. Dry cold itchy skin with fissuring and cracking: Use moisturizers. Pure Butter is good moisturizer without preservatives. If the Itching is bothering you a lot, Sedating antihistamines Benadryl, Chlortrimeton, usually work better than Non-sedating Zyrtec & Claritin. Try antihistamines that you can tolerate. Don't drive if they make you drowsy.

Bleach Baths & Compresses are very helpful in controlling the excessive bacterial growth on the moist oozing eczematous eruption. Add half a cup of household bleach (6% sodium hypochlorite solution) to a full bath and soak for 10 minutes. It is like getting in a freshly chlorinated pool. It kills the bacteria on your skin. Patient with seeping oozing eruption, open sores & excoriations may need treatment for Staph & Strep colonization. Periodic baths can reduce the bacterial growth on the surface of skin and reduce flare up of eczema.

Topical Steroids Low or Mid Potency (Mometasone, Desonide, Triamcinolone) are usually used in children. A few applications of a potent steroids Topicort, Lidex, Betamethasone, Clobetasol after cool compresses suppresses the eczema more quickly but are not prescribed by the doctors because of potential abuse by the patients. Intermittent use is safe. Complications happen from continuous use over extensive areas for prolonged periods without medical supervision.

Oral steroids (Prednisone) can be used intermittently for acute flare up. Prolonged use has serious consequences ie Obesity, Diabetes, Hypertension and others.

Topical Immunomodulators, Tacrolimus & Pimecrolimus (Protopic & Elidel), have black box warning about cancer regarding use in children under 2 years of age. They are being used as part of a maintenance regimen, especially on thin sensitive skin eg eyelids, face & scrotum, alternating with topical steroids to prevent skin atrophy and stretch marks from long term steroid use. They are not of much use in acute flare up.

Phototherapy: Judicious use of phototherapy (UVA, UVB, PUVA) as an adjunctive therapy is well established.

Immunosuppressive agents: Methotrexate, Azathioprine, Mycophenolate & Cyclosporine in longstanding severe eczema.

Behavioral therapy can be helpful to reduce scratching (habit reversal) thus leading to improvement in the eczema.

Immunotherapy may be useful in a small number of individuals with proven sensitization to inhalant allergens.

Biologicals: Various anti-inflam & Immuno-modulator agents are being investigated to block the undesired exaggerated reaction to various triggers.

Follow Up Care is the most crucial part of Eczema Management.
Your Physician and You will jointly find out what works best for you.
Good medical care can prevent potential side-effects and complications.