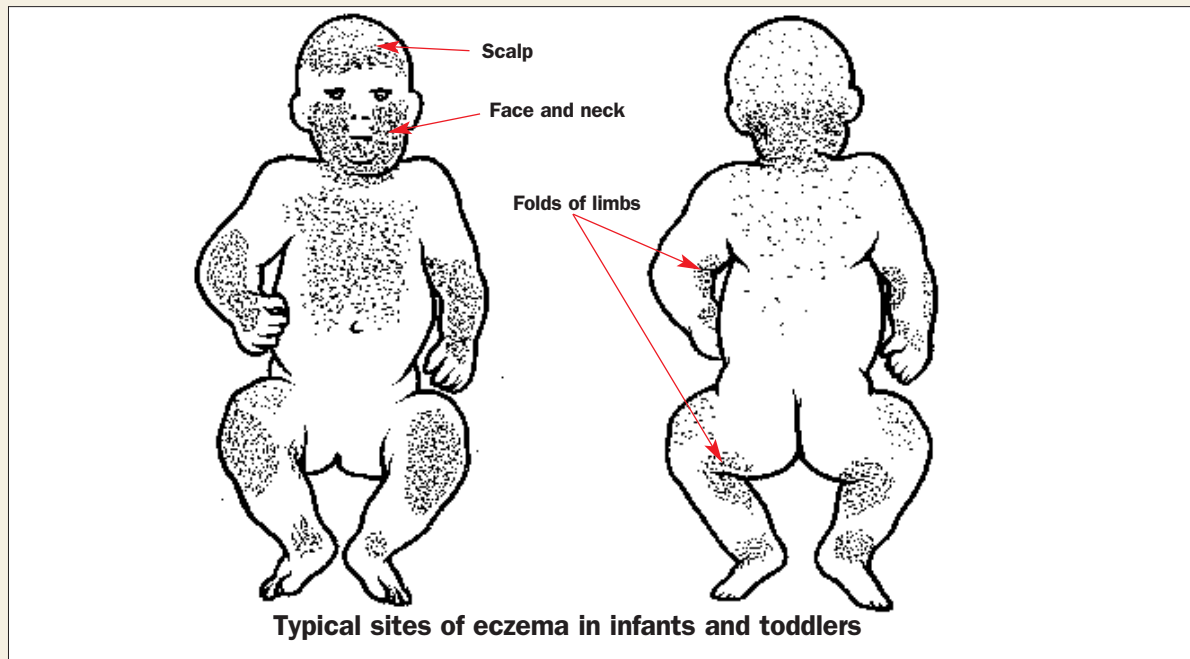


# Eczema



## What is eczema?

Eczema refers to a red, scaly, itchy, sometimes weeping skin condition. It is also referred to as dermatitis, atopic dermatitis or atopic eczema. Atopy refers to an allergic tendency that tends to run in families and includes problems such as asthma, hay fever, atopic eczema and skin sensitivities. However, anyone can become allergic.

Atopic eczema is common and affects about 5% of the population. It is not contagious. No particular cause has been found.

## What are the symptoms?

In mild cases the skin is slightly red, scaly and itchy and covers small areas. In infants it usually starts on the face and scalp. In severe cases it can cover large areas, is very itchy and starts to weep and become crusted. The children may be irritable and uncomfortable.

## At what ages are people affected?

Eczema usually starts in infants from an early age. It tends to improve from one to two years but the rash may persist in certain areas, such as the inside folds of the elbows and knees, the face and neck, and the fingers and toes. It tends to be coarse, dry and itchy at this stage. Many children have outgrown it by late childhood — most by puberty — but a few have it all their lives.

Summary of main areas affected:

- Infants — the face.
- Toddlers — fronts of knees.
- Older children — folds of elbows and knees.

## What are the risks?

Eczema is not a dangerous disease but infection can occur from scratching, espe-

cially if the skin is raw. Contact with herpes simplex — cold sores — can produce nasty reactions. Patients have a tendency to develop asthma and other atopic problems later.

## What appears to aggravate eczema?

- Sand.
- Dust.
- Soaps and detergents.
- Rough clothes and items, such as carpets, car seats and some fabrics.
- Scratching and rubbing.
- Frequent washing with soap, especially in winter.
- Bubble baths.
- Drying preparations such as calamine lotion.
- Extremes of temperature, especially cold weather with low humidity.
- Dry air (eg, heated rooms, air-conditioning in summer).
- Perfumed and medicated products.
- Stress and emotional upsets.
- Chlorine in pools.
- Certain foods, which parents may identify.

## Food allergy

It is thought that food allergies are related to eczema in only a small proportion of cases.

It may be worthwhile avoiding certain suspect foods for a 3-4-week trial if advised by your doctor.

These include cow's milk, fish, eggs, wheat, oranges and peanuts.

## What about skin tests and injections?

The value of allergy testing is doubtful and "desensitisation" injections may make the eczema worse.

## What are the treatments?

### Self-help

Avoid soap and perfumed products. Use a bland bath oil in the bath (eg, QV, Alpha Keri) and a bland cleansing agent (eg, sorbolene cream, QV bar, Eucerin).

Various moisturising agents applied up to three times daily are recommended for dry, irritated skin. These include:

- Sorbolene cream alone or with 10% glycerine.
- Paraffin creams (eg, Dermeze, Egozite baby cream).
- Older children and adults should have short, tepid showers.
- Avoid rubbing and scratching. Use gauze bandages with hand splints for infants.
- Avoid sudden changes of temperature, especially those that cause sweating.
- Wear light, soft, loose clothes. Cotton clothing should always be worn next to the skin.
- Avoid dusty conditions and sand, especially sandpits.

### Medical help

Your doctor, who should be consulted if you are concerned, may prescribe antihistamine medicine for the allergy and sedation, special moisturising creams and lotions, antibiotics for infection — if present — and corticosteroid ointments, which can be very effective.

### Key points

- Eczema is dry, itchy, irritable skin.
- Keep the skin as moisturised as possible.
- Steroid ointments and creams are the main topical medication for flare-ups.

**AUTHOR: PROFESSOR JOHN MURTAGH**

**DOCTOR**