Practical Eczema Management

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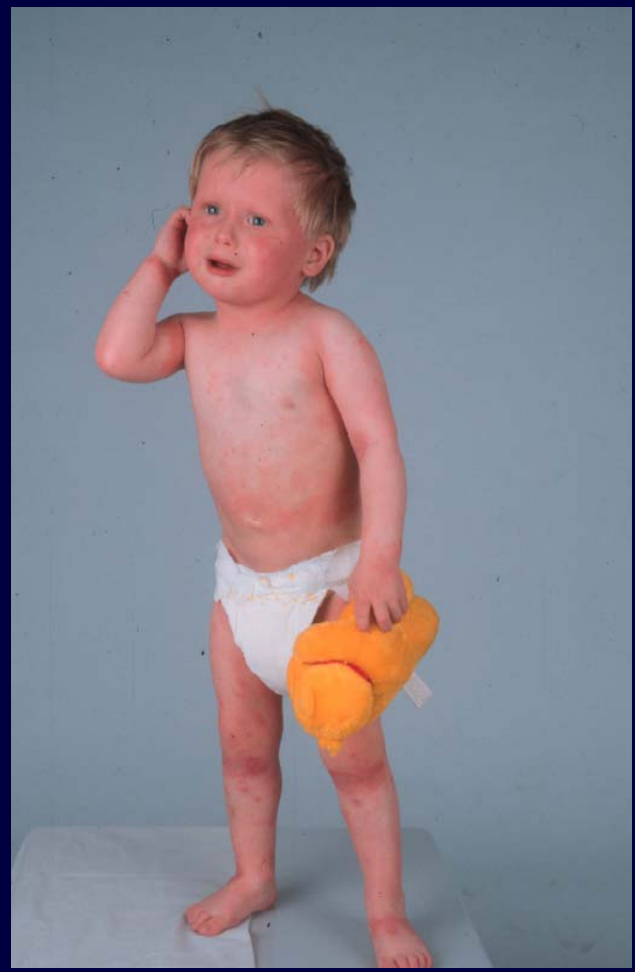
Women's & Children's Health

Topics discussed

- Diagnosis of eczema
- Incidence
- Aggravators
- History and assessment
- Treatments
- Clinical Cases
- Contact details and clinics



Diagnostic criteria

UK Diagnostic criteria	Sampson et al
Must have: itchy skin	Major Features family history of atopy itch typical picture, facial, flexures, lichenification napkin, facial/mouth/nose area free
Plus three or more of the following: ▪Involvement in flexures ▪Personal history of atopy ▪Generally dry skin ▪Onset under 2 years of age ▪Visible eczema, forehead, extensors	Minor Features Xerosis/ichthyosis/hyperlinear palms periaricular fissures chronic scalp scaling

How common is eczema?

- VERY! 10-20% of children in developed countries (Harper et al, 2000)
- Incidence has trebled over the last 30 years (Harper et al , 2000)
- 80% of children will develop eczema in 1st year
- 50% of children will clear by 2 years of age
- 85% of children will clear by 5 years of age
- About 5% of children with eczema will continue into adulthood
- Positive correlations of eczema with higher social classes and air pollution has been confirmed (Simpson, Hanifin, 2005)

Factors influencing poor prognosis

- Onset after 2 years of age (Vickers)
- Severe eczema in infancy
- Atypical location for age of the patient
- Eczema to extensors, wrists and hands to be more prone to persistence of eczema
- Severity and duration of eczema are correlated to the incidence of asthma
- Biparental history of atopy have shown to be unfavourable

(Harper, Oranje, Prose. 2000)

Effects on Life

- Intractable itch
- Sleep depravation
- Disruption to family life
- School/work absenteeism
- Parental marriage problem
- Teasing
- Chronic disease
- Low self esteem

What aggravates eczema?

- Heat
- Dry skin and environment
- Prickle
- Allergies
- Irritants
- Infection

What makes eczema hot and itchy?

- Too many clothes
- Hot baths >29 degrees
- Too many blankets
- Hot cars
- Sport/running around
- Heaters
- Hot school classrooms

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What makes eczema dry and itchy?

- Soap, use bath oils or washes
- Air blowing heaters
- Swimming pools
- Their dry skin
- Australia!!!!

- *Therefore apply moisturiser from top to toe regularly and more often when flaring*

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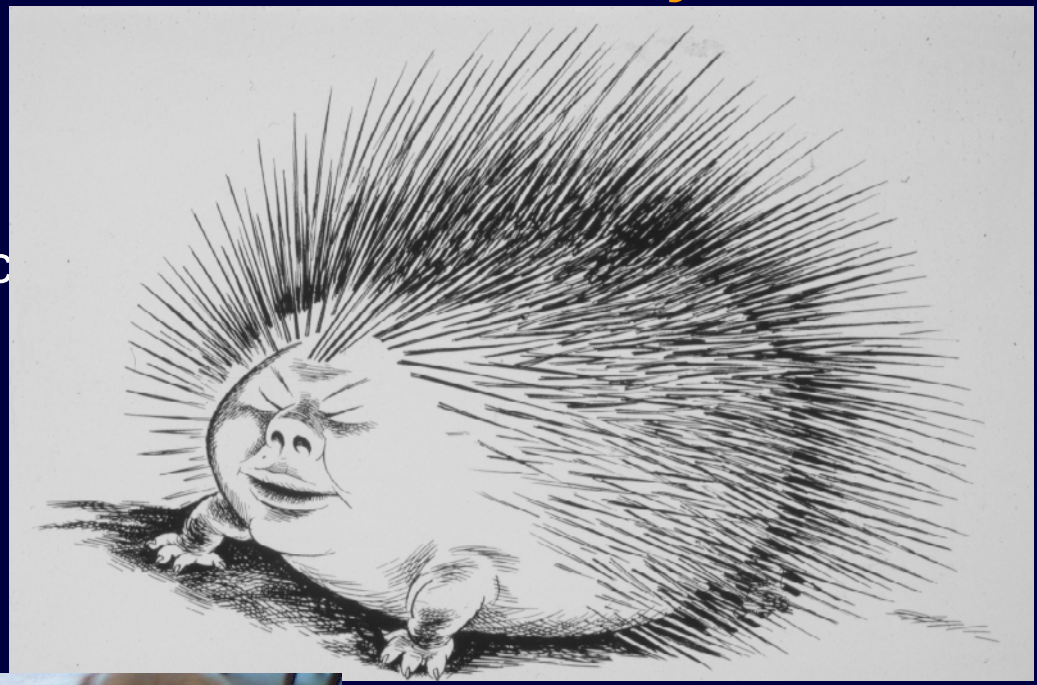
What prickles eczema and makes it itchy?

- Animal hair/dander
- Woolen clothes/fabric
- Sharp seams
- Tags
- Sand pits
- rough fabrics



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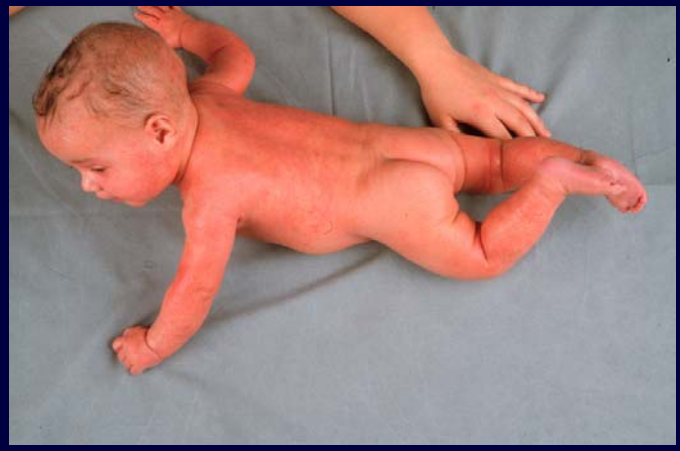
What irritants aggravate eczema?

- Saliva
- Chemicals
- Detergents
- Water

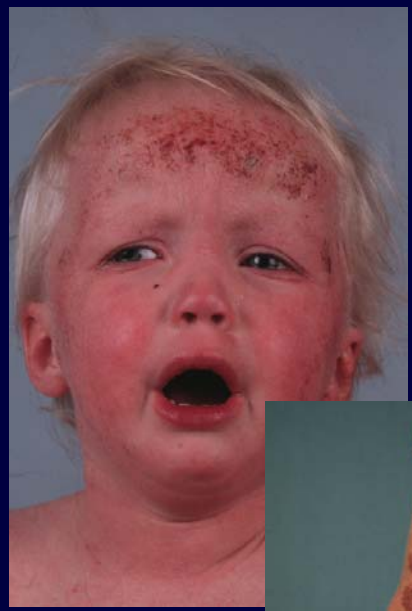
Taking a good history

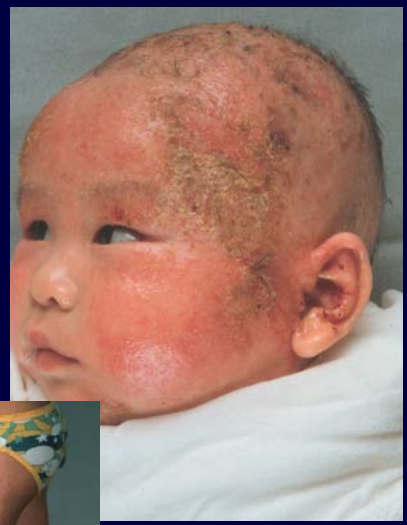
- First appointment is important in managing the eczema effectively and gain the trust of the patient and family
- Family history
- Coexisting atopic disease
- Immunization
- Allergies, tests, diet manipulation and adequacy
- Growth
- Previous treatments used and outcomes
- Most distressing element
- Sleep disturbance
- Environmental aggravators, assess heat/prickle/dryness
- Effect on family life, school
- Parents expectations from treatment
- YOUR expectation from treatment

Assessment



- Completely undress child
- Look for (SCORAD http://adserver.sante.univ-nantes.fr/Scorad.html)
  - Extent %
  - Infection /3
  - Broken skin /3
  - Erythema /3
  - Lichenification /3
  - Xerosis /3
  - Sleep pattern /10
  - Itch /10

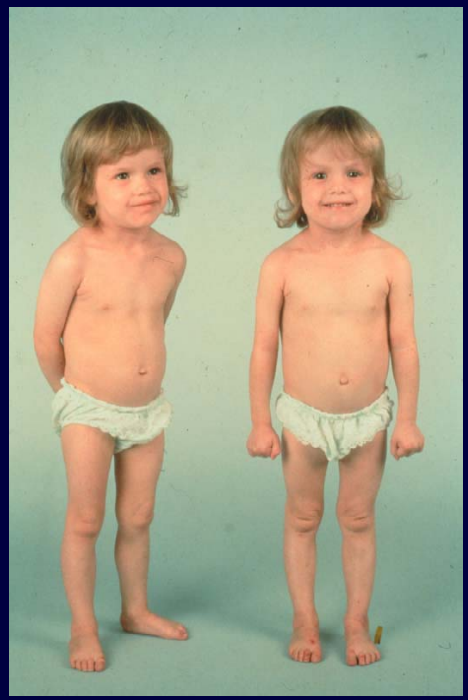




Eczema Treatments- 2 types

Every day

- avoid aggravators
- moisturiser
- bath oil



Flaring Treatments

- every day treatments
- plus
  - steroid ointments
  - wet dressings
  - cool compresses
  - antibiotics

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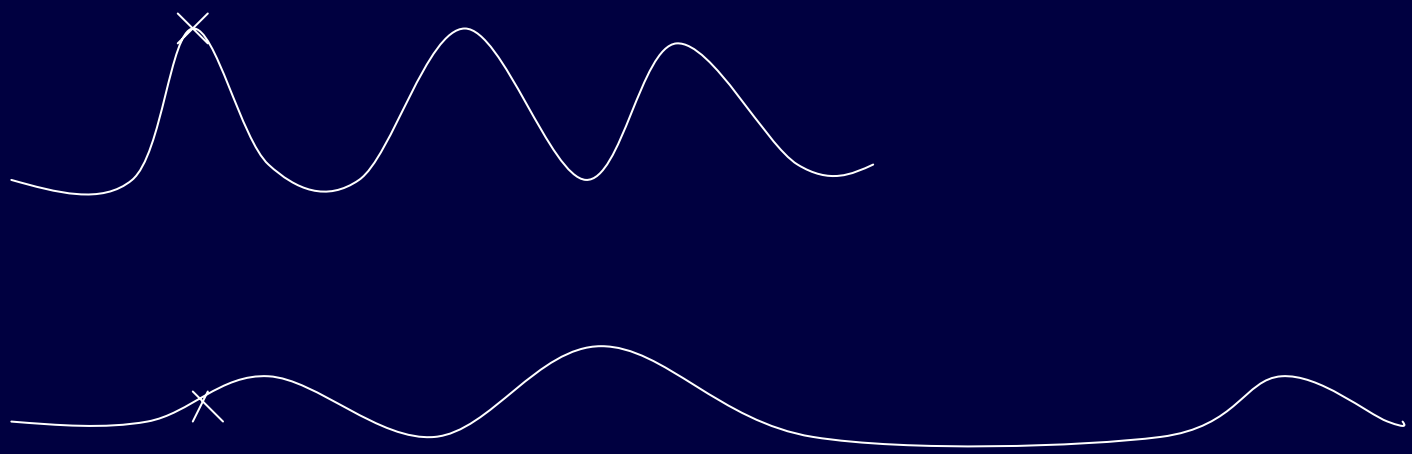
When to begin flaring treatments



Topical Treatments

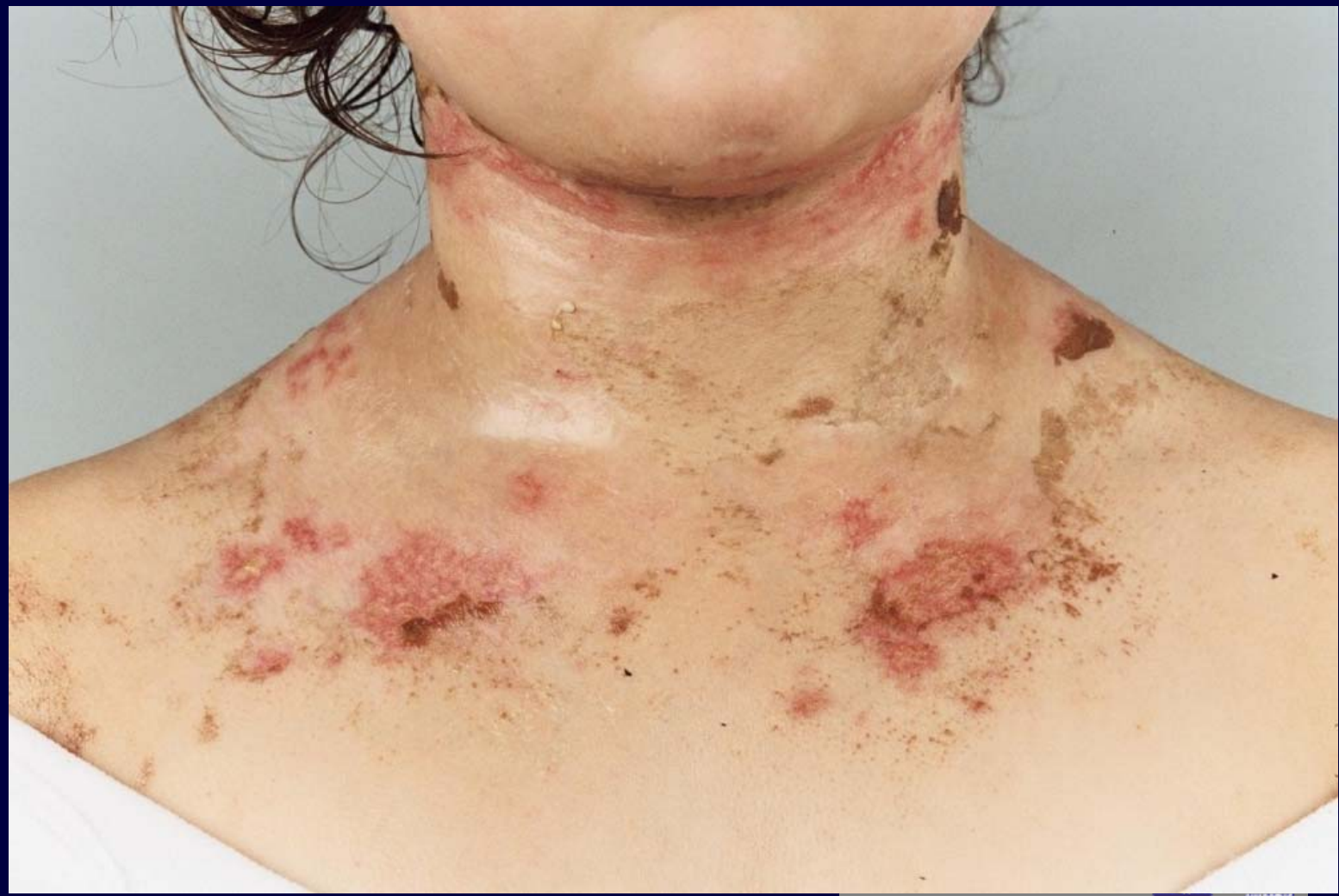
- Steroids use aggressively when flaring
  - Face- hydrocortisone 1% or Elidel, bd
  - Body- Elocon or Advantan fatty ointment, nocte

- y day
  - Dermeze, hydraderm, aqueous cream, QV cream, QV Kids balm
  - Bath oils

Bath oils and washes

QV bath oil, wash and shower balm	Every day
Hamiltons oil and wash	Every day
Dermaveen oil and wash	Every day
QV Flare up	Antiseptic oil Do NOT use in wet dressings
Oilatum bath oil	Every day
Oilatum plus bath oil	Antiseptic oil Do NOT use in wet dressings

Diagnosis?



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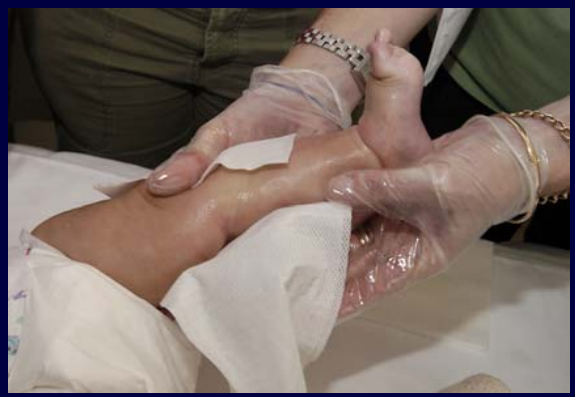
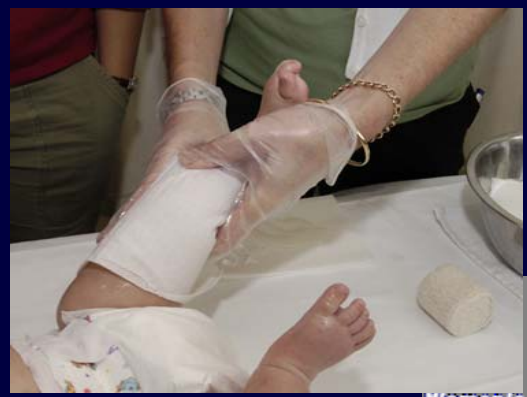
Why apply wet dressings?

- Reduce itch
- Treat Infection
- Moisturise the skin
- Protect the skin
- Promote sleep

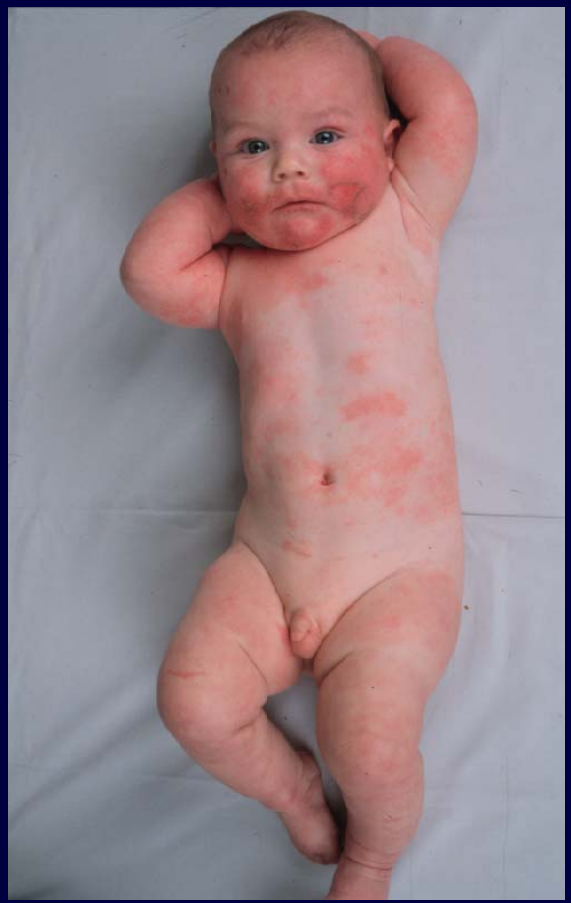




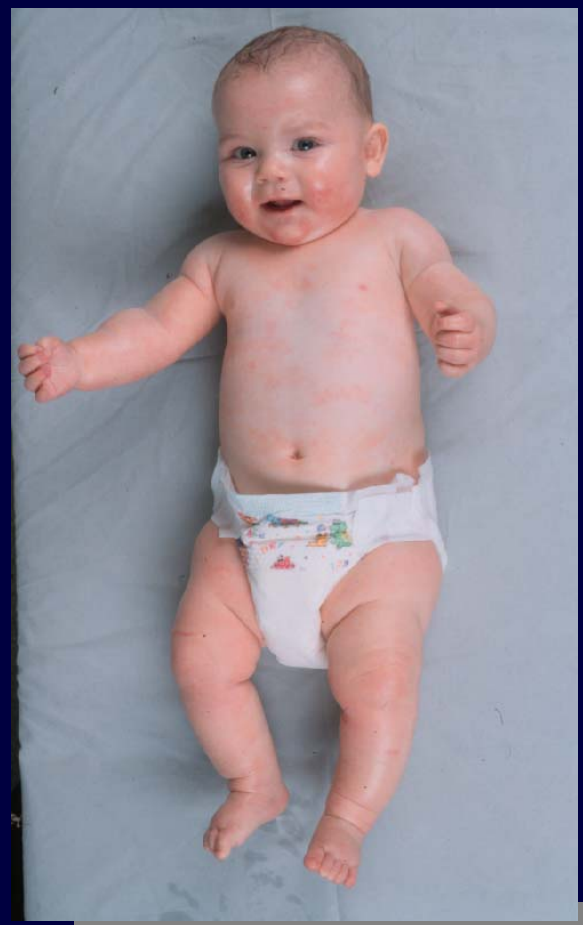
When to use a wet dressing

- Within 24 hours if cortisone ointments are not clearing the eczema
- Child is waking at night
- Itchy
- Skin is thickened
- If there is blood on the sheets

Before

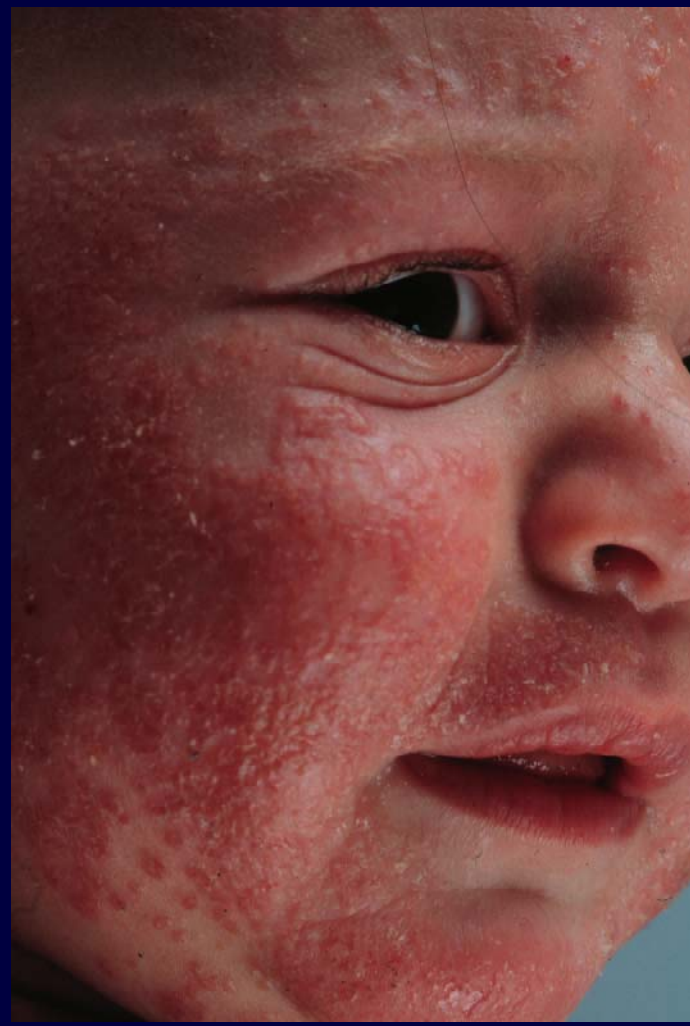


After



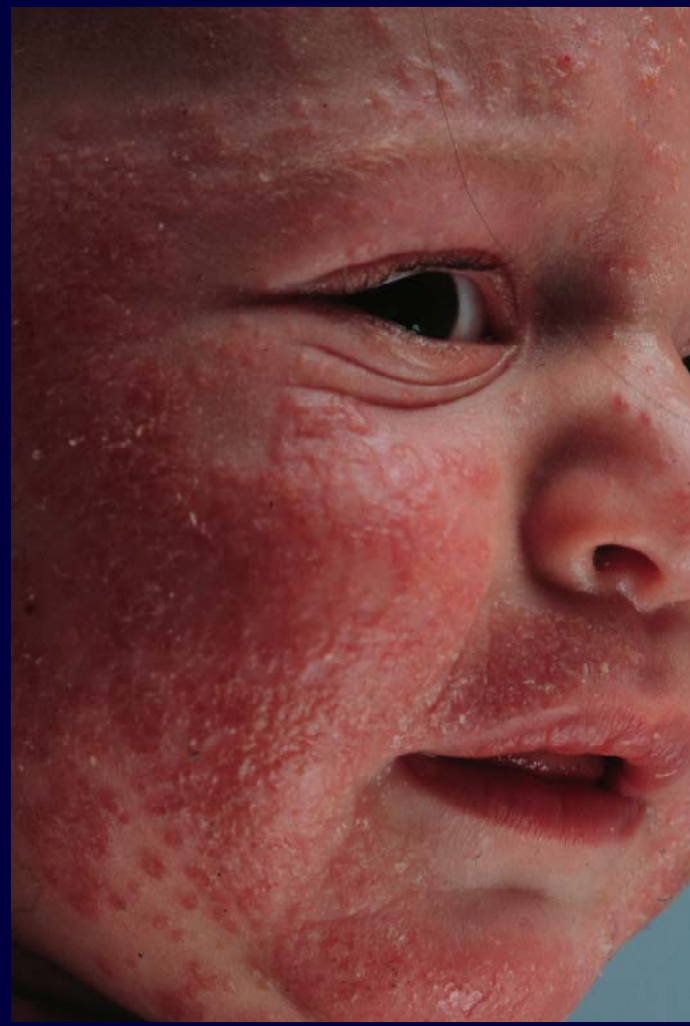
Case One, History

- 11 month old
- 2 month past history of eczema
- currently using
  - hydrocortisone 0.5% to face tds
  - johnsons baby soap
  - sorbolene lotion
  - 2 layers of clothing to bed
  - heater in the bedroom
  - doona and woolen underlay
- Diet; breast fed, full diet, NKA

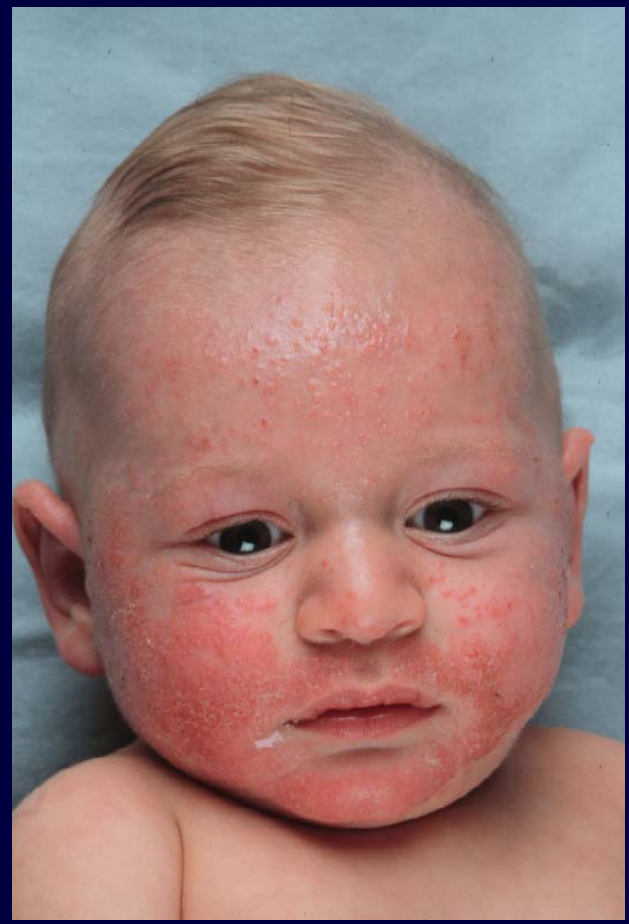


Case One, Clinical signs

- Erythema
- itchy
- waking every 1-2 hours overnight
- weeping
- general flare



Case one,
What is the diagnosis?
What is the plan?



- Infected atopic eczema
- admission
- remove crusts/weeping
- oral keflex
- cool compressing 1 hourly , apply dermeze post
- wet dressings to limbs bd

Case one, plan continued

- bath oil
- dermeze to face
- dermeze to limbs qid
- hydraderm to trunk qid
- wet t-shirt when red or itchy
- sigmacort 1% or elidel bd, prn
- elocon nocte to limbs and trunk prn

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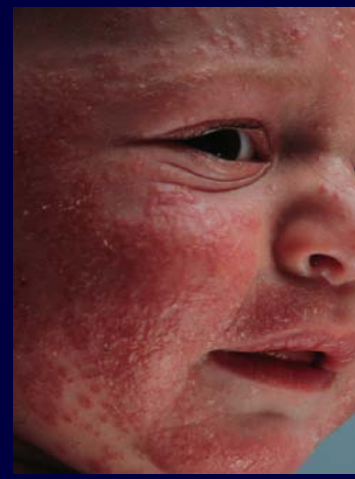
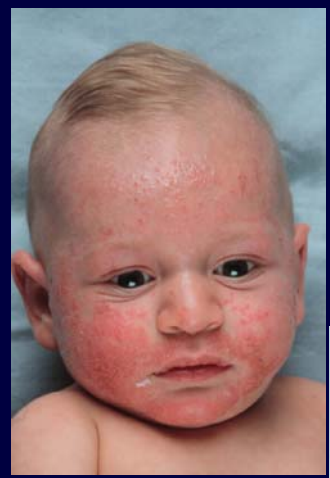
Case one,
Discharge plan

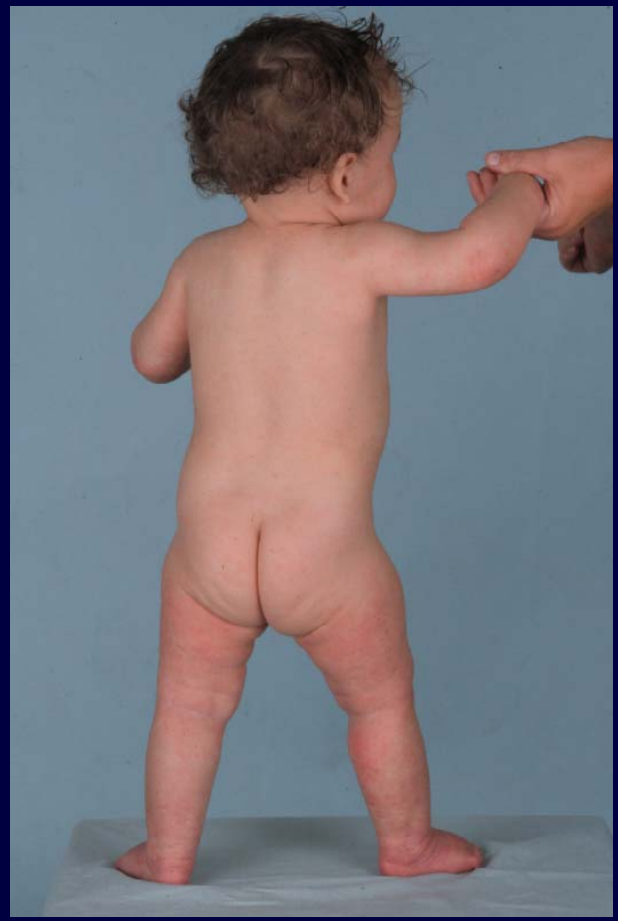
- Sigmacort 1% bd to face, prn
- Elocon nocte to limbs and trunk, prn
- keflex for 10days total
- dermeze, face, qid
- cool compress prn
- wet dressings nocte
- hydraderm to body qid
- bath oil
- follow up 1 -2 weeks





Case two, History

- 13 month
- Eczema since 3 months of age
- Elocon nocte
- hydraderm qid
- bath oil
- avoiding allergic foods
- not overheated



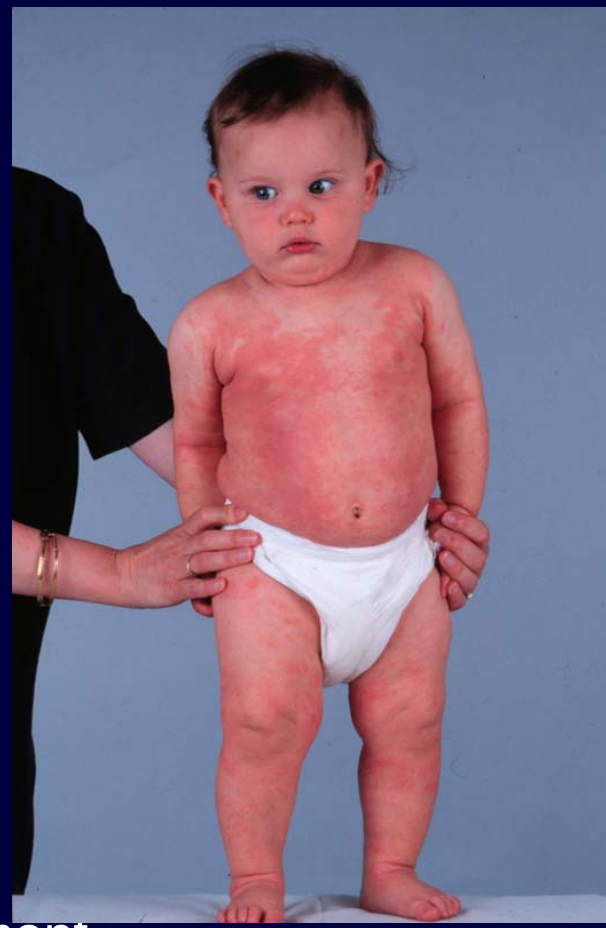
Case two,
What is the problem?

- Waking at night 1-2 times
- eczema persisting

Case two, The plan

- Continue treatment
- wet dressings nocte until CLEAR
- review 3 weeks

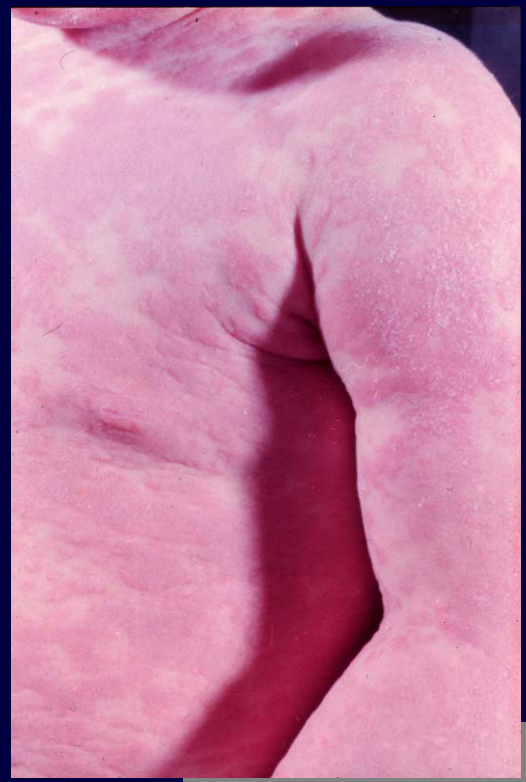
Case three



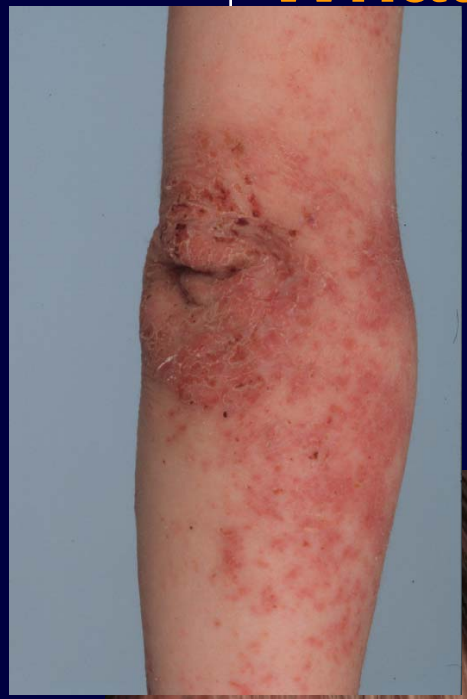
- Extremely itchy even when not flaring
- Rash fluctuates
- Persisting
- Waking at night
- No infection
- Rash persisting despite compliant treatment
- Urticarial
- Worsens after eating some foods

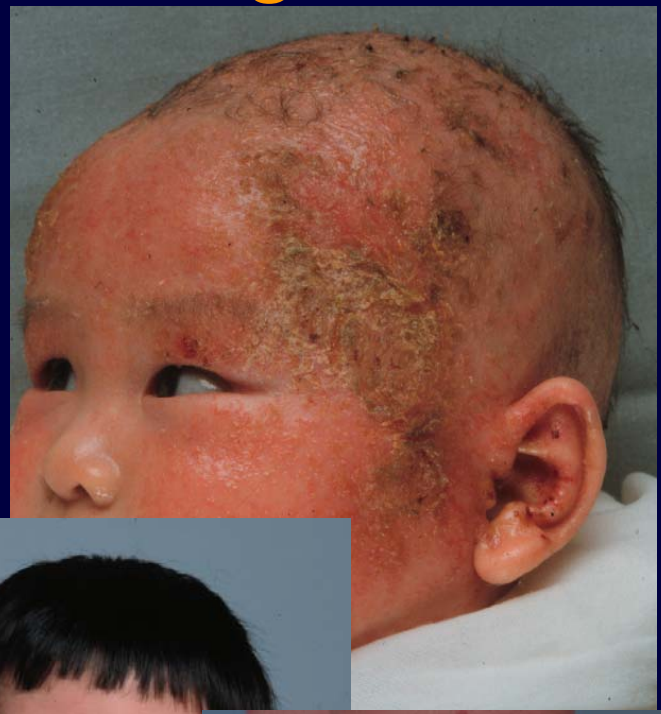
Case three
Eczema with food allergies

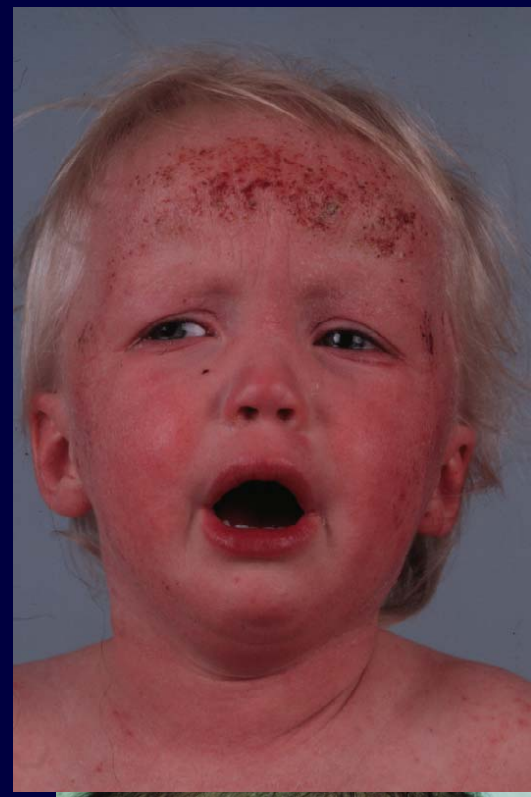
- Referral to allergist and dietitian
- General eczema treatment
- Review as necessary

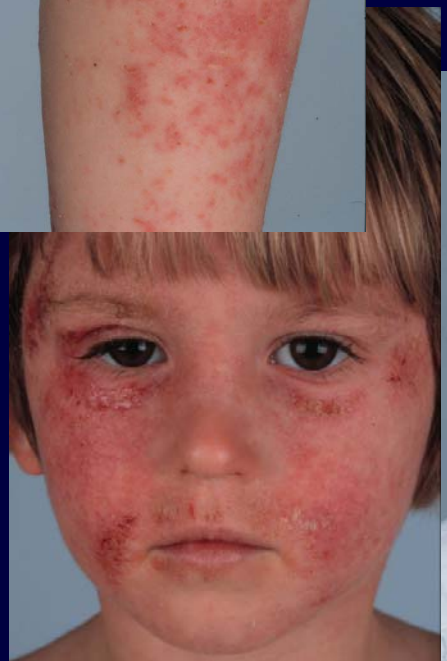


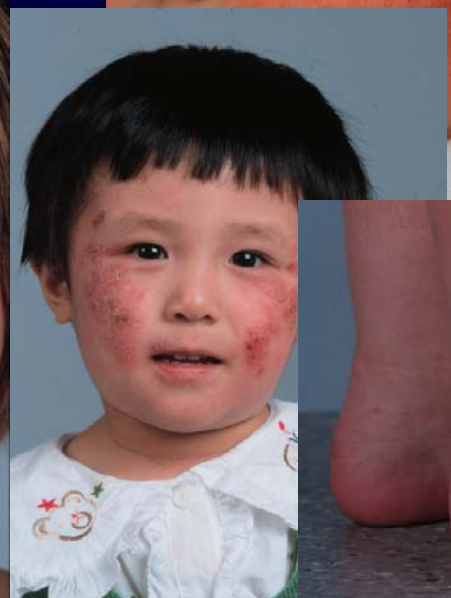
What is the diagnosis?

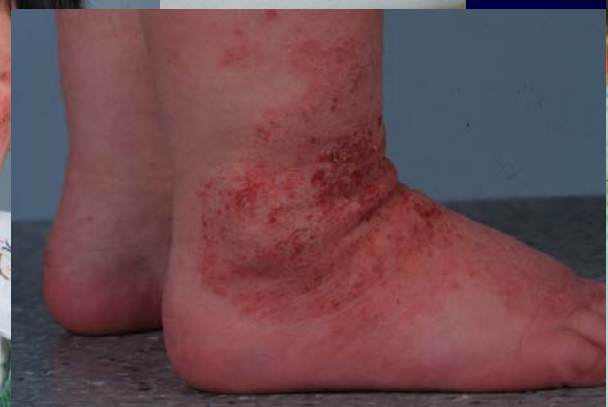


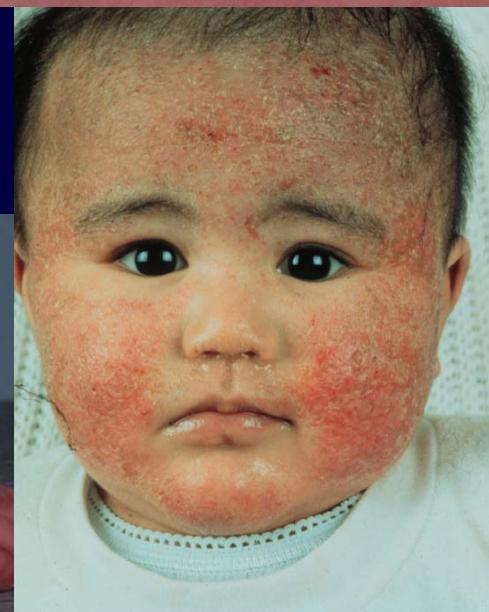






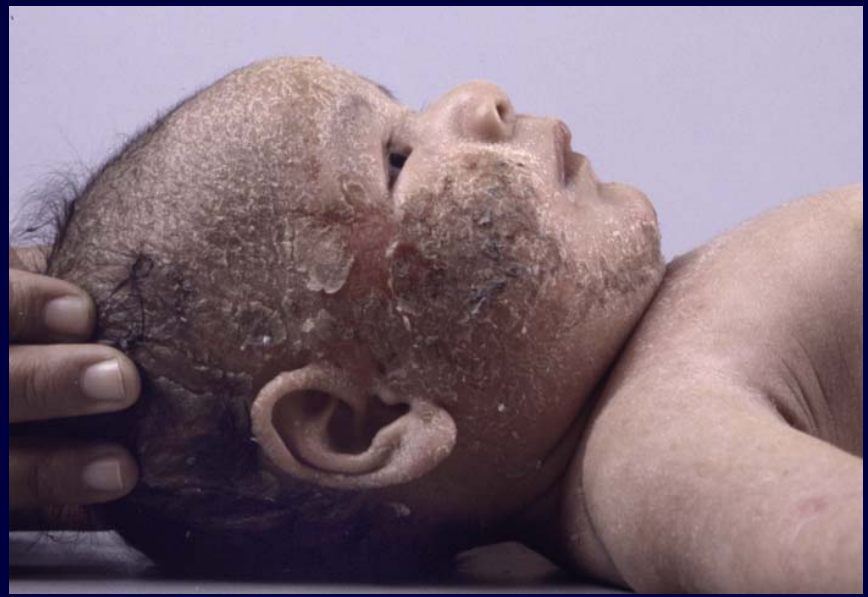






Bacterial infected eczema

- REMOVE CRUSTS
- Oral keflex/ 10 days if well
- IV flucloxacillin ONLY if unwell or febrile
- General Eczema Care
- Admission prn



How would you treat?

- Topical elidel, bd, until improved and then hydrocortisone 1% bd, prn
- Dermeze 4-6/day
- Cool compress qid
- Avoid aggravators

Contact Details

- Emma King or Liz Moore, 9345 5510
- Dermatology Registrars, 9345 5510
- Outpatient Clinics, Mon, Tues, Wed, Thurs.

  Eczema Workshops, Mon and Wed

Eczema Herpeticum

- NO TOPICAL STEROIDS
- remove crusts
- +/- oral/IV acylovir
- most often oral keflex
- admission prn