

Eczematous Dermatitis: Management Summary

General Management Strategy

In all forms of eczema, particularly atopic dermatitis, counsel patients about

- The role of emotional factors, fatigue and psychological stress in exacerbating their symptoms.
- In atopic eczema, patient and family often want a “quick cure.” It is necessary to explain the chronicity of the disease in detail, stressing that it is not emotional in origin.
- When possible, treatment plans should help patients cope with stress factors.
- In addition, patients should be encouraged to reduce or eliminate stimulants such as coffee, tea, tobacco and alcohol, especially in chronic atopic eczema.

Irritant Contact Dermatitis (See p. 22)

Management involves determining and avoiding the cause of irritation. A trial of avoidance can be used to identify or confirm the offending agent. Avoid anything that causes burning or itching.

- Infrequent hand washing and careful hand drying
- Trim nails to reduce scratching.
- Use simple lubricants or lotions.
- Determine and avoid the cause of irritation.
- Gloves should be worn when using cleansers or detergents.
- Wear white cotton gloves under latex gloves to avoid irritation due to sweating.
- Cool soaks for inflammation and itching
- If eczema persists longer than a week, despite treatment, patch testing will be necessary to rule out other allergens, photoallergy and contact dermatitis.

Allergic Contact Dermatitis (See p. 23)

Management involves avoidance of the allergen and symptomatic therapy to promote healing. The patient must be persuaded to avoid future contact with the allergen. Topical corticosteroids are the main therapy, with the most potent (by prescription) used initially. Conservative therapy includes the following:

Symptomatic Treatment (See p. 23)

- Lubrication with hydrated petrolatum; avoid allergen containing cosmetic lubricants
- Vinyl gloves are worn over the lubricant for 1-2 hours
- Coal tar cream or gel mixed with corticosteroids is used in refractory cases. Vinyl gloves should not be used in the application of tar-based lubricants.
- Coal tar used in conjunction with artificial ultraviolet B light

Elimination of allergens such as: (See pp. 23-24)

- chromate
- formaldehyde
- ethylenediamine
- rubber
- dyes
- plants
- household or occupational chemicals
- nickel

Treatment of poison oak, poison ivy and mango (acute rhus dermatitis) (See p. 24)

- Cool water soaks, baths or compresses
- Use tap water or astringent dressing containing Domeboro[®]
- Aveeno[®] colloidal oatmeal baths
- Calamine lotion

Atopic Dermatitis including chronic dry skin (See p. 26)

1. Protect the skin

- Moisturize the skin as often as possible to increase the rate of healing
- Appropriate bathing strategies: avoid excess moisture; reduce use of hot water; use mild soaps or soap free cleansers or soap substitutes; use clean hands—not a wash cloth—for washing; pat gently do not rub dry. Use sunscreen and shower immediately after swimming (too much chlorine is drying).
- Control effects of temperature and humidity – sweating and going from a warm to cold environment increase itching.
- Reduce environmental allergens/irritants: house dust, mites, mold, pollens, tobacco smoke, feathers (pillows) and animal dander.

2. Limit the triggers (See p. 28)

- Reduce airborne allergens: remove carpets and curtains from bedrooms; vacuum blankets; cover mattresses and pillows with plastic.
- Reduce risks for contact dermatitis: avoid wool clothing; test fragrances and perfumes before use, reduce amount of detergent and fabric softener, double rinse clothes.
- Minimize diet triggers: avoid certain foods, spices and caffeine.

3. Limit the inflammatory response (options) (See pp. 29-32)

- Essential fatty acids: gamma-linolenic acid, fish oils (omega-3)
- Zinc: 50 mg/day, vitamin E 400 IU/day, vitamin A 5,000 IU/day, vitamin C 50 mg/kg
- Lactobacillus
- Botanical therapies: witch hazel extract cream, licorice root internally/externally (see cautions and contraindications), German chamomile topically
- Natural inhibition of histamine release: forskolin, flavonoids (Ginkgo biloba, green tea), oolong tea, *Arctium lappa*, *Taraxacum officinale* (dandelion)
- Relieve itching and redness: chamomile, calendula, chickweed, burdock root, sasparilla, red clover, wild oats, tannins (oak bark)
- Drug therapy: corticosteroids, glycyrrhetic acid, systemic antihistamines
- Tar or ultraviolet light application

4. Treat secondary infections: yeast, bacteria, herpes simplex, warts and molluscum contagiosum (See p. 32)

Special Consideration: Pediatrics

Allergens in breast milk may trigger reactions in atopic babies. Mothers should avoid common food allergens: milk products, eggs, peanuts and to a lesser extent, fish, soy, wheat, citrus and chocolate. Older infants should avoid peanuts (one of the most common), milk products, eggs, tomatoes, artificial colors and preservatives.

Elimination Tests

Standard elimination diet: avoiding cow's milk, eggs and tomato (75% of patients respond).

NOTE: If severe recalcitrant atopic dermatitis does not improve with the usual therapies, these cases should be referred to an appropriate specialist in allergy or dermatology. There is a possibility of anaphylaxis upon re-introduction of food allergens. A patient who has had an anaphylactic response to a specific food should never be challenged with that food.

Conditions Related to Atopic Dermatitis (See p. 34)

- Nummular Eczema
- Lichenification
- Seborrheic Dermatitis
- Stasis Dermatitis