

Advanced® Dermatology

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General Dermatology

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Mohs Micrographic Surgery

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Eczema / Atopic Dermatitis

WHAT IS IT:

Eczema is often inherited chronic itchy skin condition which can affect all ages. The cause is unknown, and it is not contagious. The skin loses its ability to be an effective barrier against then environment. This makes people with eczema more sensitive to chemicals, harsh cleansers/soaps, rough clothes (wool is often not tolerated), and allergenic agents. The skin is also less effective at keeping natural skin oils in, and thus not maintaining its own natural moisture. Like a brick wall that has lost it mortar, the skin becomes a poor barrier and crumbles.

ENVIORNMENT:

Minor irritation of the skin may provoke scratching and additional irritation, which may trigger the formation of cracked, itchy, thickened, or discolored patches. Eczema is frequently called the ITCH THAT RASHES, showing the importance that scratching at the itchy areas creates, worsens, and prolongs the rash.

Cotton sleepwear, sheets and blankets are less irritating and, in general, wool and scratchy synthetic fibers should be avoided. New clothing and linens should be washed before being worn. All clothing should be rinsed in clean water. Anti-static chemicals or fabric softeners may actually increase irritation especially if they have heavy perfumes. The use of non-scented detergents such as Cheer Free, All Free, and Tide Free may cut down some of the irritation that will occur with highly fragranced products such as Surf. Starched clothes are particularly irritating. Mechanical irritation can be reduced by keeping a child's body covered for as much time as possible. Children who come in and pull their socks off so they can scratch the tops of their feet on the carpet are much more likely to have their eczema stay active in those scratched areas. Covering the skin protects from irritation, scratching, may prevent infection, and minimizes exposure to irritants such as grass, dust, etc.

Dehumidify/air condition the air in the summer, and humidify the air (40%) in the winter. This can cut down on irritation due to accumulated perspiration / over drying.

Dust is an irritant. Vacuum homes with bare floors and the patient's living quarters often and when the patient is out of the house. Make sure all carpets, blankets, and drapes are non-wool.

Other sources of air pollution, that should be avoided whenever possible are:

CIGARETTE SMOKE

HOUSE DUST MITES – These should be controlled by regular vacuum cleaning of carpets, curtains, and bedding. Using a plastic mattress cover helps decrease house mite populations. To further control house mites, spray with fungicide, which destroys aspergillus penicilloides, which the house mites feed on.

ANIMAL DANDER – Direct patients toward fish, turtles, non-hair bearing pets. **AVOID**- Chrysanthemum plants, live fir trees (Christmas Trees), paint or house varnishes in the house.

HOW YOU TREAT IT:

- CONTROL AS MANY ENVIORMENTAL FACTORS AS POSSIBLE
- MOISTURIZE: The basic principle is to restore the barrier function of the skin. This is often done through frequently applying moisturizers, creating a coating on the skin



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which acts as an artificial barrier. For this reason, the greasier the moisturizer, the better (Vaseline, Eucerin, Elta, Aquaphor, Hydrolatum 800-601-3843). Lighter creams rub in better, such as before putting clothes on, but are not as effective as a barrier (Vanicream 800-325-8232, Eucerin Calming Crème, Cam Lotion, Cetaphil Cream or Lotion). Routine use of moisturizers will minimize skin irritation and dryness, thus decreasing eczema flares needing further treatment.

Adult patients with hand eczema, specifically (cracks and red scale of hands) may
enjoy and benefit from regular paraffin hand dips. The units used in salons are now for
sale for home use (Sharper Image, check Walmart/Target). This creates a waxy barrier
on the hands. Dip the hands approximately 6 times, place in plastic bags and wrap
with towels for approximately 15 minutes. Not recommended for people whose
eczema is worsened with heat. NOT RECOMMENDED FOR CHILDREN!

TOPICAL MEDICATION:

- Topical steroids/"cortisone" lotions/creams/ointments: There are the mainstay for treating an active flare of persistent, red, itchy rash. Like for moisturizers, crams may rub in better, but ointments act as a better barrier. Most cortisone salves can be used safely on-and-off for years. Long-term persistent use of a steroid can cause skin thinning and/or stretch mark formation. When large areas of the body are treated with strong topical steroids, periodic medical checkups are necessary. Certain stronger steroids should not be applied to the thinner skin of the face, armpits, groin, or rectal areas. This is done only for short periods and under the close supervision of a doctor.
- Topical non-steroidal anti-inflammatory agents (Calcineruin Inhibitors):
 Elidel Cream / Protopic Ointment: These are non-steroid based topical medications which do not have the skin thinning/stretchmark producing side-effects of topical steroids. They are best for mild to moderate eczema, and thin-skinned areas such as the face, eyelids, armpits, and groin.
- Mimyx Cream: This is a prescription moisturizer which has been developed as a
 concentration of the natural oils of the skin. It has no steroids or other active chemical
 ingredients. It is to be applied 2-3 times a day to affected areas. It may be used on
 newborns on up. It may be used to extended periods of time without fear of side
 effects.

ORAL MEDICATION

- Antihistamines: Claritin (OTC), Allegra, Zyrtec, ect are non-sedating anthihistamines
 which may decrease the itch sensation. Atarax, a sedating antihistamine is often given
 to take at dinner time. It will make you sleepy, and help you sleep more soundly,
 ignoring the itch sensation.
- Oral Steroids: Severe cases of eczema may require oral forms of steroids. However, oral steroids have more potential side-effects hat topical steroids, and may make your eczema "rebound", or come back worse, as you come off the steroid pills.
- Antibiotics: The open skin areas of eczema are more prone to infection. If areas of
 eczema become painful, drain fluid, or develop a yellow crust, it may be that there is a
 bacterial or viral infection also involved. These can become severe and are a reason to
 call/see you doctor for treatment.

DIET: Not all people with eczema have diet allergies, but some people (20%) may have certain food(s) that they eat which can cause their eczema to flare/worsen. The most common things are eggs, cow's milk, nuts, fish, peas, chocolate, tomatoes, citrus fruits, and strawberries. The last three may cause an irritation to the skin which is unrelated to an allergy.



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HYGIENE:

The super-fatted sops such as Alpha-Keri, Basis and Neutrogena are preferred to harsh detergent or heavily fragranced soaps such as Irish Spring, Coast, Lever, Ivory, Safeguard, and many "antibacterial soaps", which tend to irritate the skin and remove the protective layer of natural skin oils that prevent drying. Use mild soaps or non-scented cleansers (Cetaphil, Aquanil, Oilantum AD) to skin fold areas (groin, perianal, axillae) and "spot clean" fingers and toes as needed, try to minimize "soap and water" cleaning. Water alone is often good enough to rinse off. Baths should be kept luke-warm, not hot and moisturizes should be added to the skin immediately after the bath (while skin is still slightly damp) to "seal in" the water soaked up by the skin. Tar (Balnetar over-the-counter / Cutar emulsion-prescription) and oatmeal (Aveeno) preparations added to the bath water decrease the sensitivity and lessen the likelihood of a "flare" or active rash.

Many of the so called herbal and botanical shampoos and moisturizers contain many of the same types of plants that atopic patients have learned to avoid when encountered in the backyard, the woods, or fields. A general rule of thumb is if a product sounds like is good enough to eat, came out of the garden or sounds like a vitamin supplement, do not use it on the skin. This will also apply to shampoos, moisturizers, cream rinses and laundry products. A loose corollary to this applies to lanolin, which is a wool by-product. For many people who cannot tolerate wool, lanolin will duplicate the itchy and prickly sensation that wool caused on contact with the skin. For this reason, some people will actually do worse on such products as Eucercin, despite the fact that a sibling or relative has done well on it.

A final rule of thumb is that with regard to infants with eczema, nothing made by the usual baby manufacturers of baby products will be suitable. Most of the baby products, such as Baby Magic ect, contain a variety of sensitizers such as lanolin and fragrances, which may be intolerable to the baby and actually increase eczema. There is no standard that is applied to the way words such as "hypoallergenic", and "non-sensitizing", "Dermatologist Tested", and "sensitive skin" are used. Frequently products labeled as such are terrible for people with eczema. Commercial diaper wipes often contain alcohol, fragrance and usually lanolin and may be replaced by Cetaphil, Aquanil, Oulatum AD or Spectroderm used with unscented facial tissue or unscented toilet tissue. "Triple Paste", a non-prescription, is the best diaper rash ointment.