



ANDORRA PEDIATRICS

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Eczema

Atopic Dermatitis

Eczema is a red, extremely itchy rash which often appears on the cheeks at 2 to 6 months of age. When skin becomes dry, it is not because of a decrease of oil in the skin, but due to the increased loss of water from the skin. Proper bathing and moisturizing are the key to treating eczema.

Eczema is most commonly seen on the flexor surfaces (creases) of elbows, wrists, knees, neck, ankles, and feet. If scratched, the rash may become raw and weepy.

Eczema is an inherited type of sensitive, dry skin. A history of asthma or hay fever, or a family history of eczema, makes it more likely that your child may develop eczema. Flare-ups occur when there is contact with irritating substances (for example, soap or chlorine). Weather changes may aggravate eczema.

In 30% of infants with eczema, certain foods cause the eczema to flare up. If you suspect a particular food item (for example, cow's milk, eggs, or peanut butter) is causing your child's flare-ups, avoid these foods and call our office before reintroducing the food.

Eczema is a long-term condition and will usually not go away until adolescence. Early treatment of any itching is the key to preventing a more severe rash.

Factors That Trigger Eczema

- Allergies: environmental (pollen or pets) or food
- Irritants: wool, heavy detergents, perfumed soaps, fabric softeners, and dryer sheets.
- Dry skin,
- Heat, sweating, and extreme cold
- Skin infections

What Can I Do To Avoid Triggering Eczema

- Wear sunscreen at all times and avoid prolonged sun exposure.
- Do not scratch-scratching can infect your skin, which will lead to more inflammation.
- Keep fingernails short.
- Wear loose-fitting, cotton clothing.
- Wool fibers and clothes made of other scratchy, rough materials make eczema worse.
- Wash new clothes before wearing them.
- Avoid liquid fabric softeners or dryer sheets
- Swimming is helpful as long as chlorine is washed off skin immediately and occlusive creams are applied right after.
- Avoid all skin products that contain heavy perfumes or color.
- Avoid triggers that cause eczema to flare up, such as: excessive heat, sweating, excessive cold, dry air (use a humidifier), chlorine, harsh chemicals, and soaps.

- Never use bubble bath.
- Keep your child off the grass during grass-pollen season (May and June).
- Keep your child away from anyone with fever blisters since the herpes virus can cause a serious skin infection in children with eczema.
- Breast-feeding has been shown to lessen the severity of eczema.
- Avoid cow's milk products, soy, eggs, peanut butter, wheat, and fish during your infant's first year.

Treatment of Eczema

Use Of Steroid Creams and Ointments

- Steroid cream or ointment is the main treatment for the itch of eczema.
- Creams are usually less potent than the same steroid in an ointment form.
- Ointments work better on areas of the body with thicker skin, such as the palms and soles.
- Ointments are more effective in African-American children.

Steroid creams and ointments come in different strengths or potencies:

- **Group I** (Very potent: up to 600 times stronger than 1% hydrocortisone)
 - Clobetasol propionate 0.05% (Dermovate)
 - Betamethasone dipropionate 0.25% (Diprolene)
- **Group II**
 - Fluocinonide 0.05% (Lidex)
 - Desoximetasone 0.25% (Topicort)
- **Group III**
 - Triamcinolone acetonide 0.5% (Kenalog, Aristocort cream)
 - Mometasone furoate 0.1% ointment (Elocon)
 - Fluticasone propionate 0.005% (Cutivate)
 - Betamethasone dipropionate 0.05% (Diprosone)
- **Group IV**
 - Fluocinolone acetonide 0.01-0.2% (Synalar, Synemol, Fluonid)
 - Hydrocortisone valerate 0.2% ointment (Westcort)
 - Hydrocortisone butyrate 0.1% (Locoid)
 - Flurandrenolide 0.05% (Cordran)
 - Triamcinolone acetonide 0.1% (Kenalog, Aristocort A ointment)
 - Mometasone furoate 0.1% cream, lotion (Elocon)
- **Group V**
 - Triamcinolone acetonide 0.1% (Kenalog, Aristocort cream, lotion)
 - Fluticasone propionate 0.05% (Cutivate cream)
 - Desonide 0.05% (Tridesilon, DesOwen ointment)
 - Fluocinolone acetonide 0.025% (Synalar, Synemol cream)
 - Hydrocortisone valerate 0.2% cream (Westcort)
- **Group VI**
 - Alclometasone dipropionate 0.05% (Aclovate cream, ointment)
 - Triamcinolone acetonide 0.025% (Aristocort A cream, Kenalog lotion)
 - Fluocinolone acetonide 0.01% (Capex shampoo, Dermasmooth)
 - Desonide 0.05% (DesOwen cream, lotion)
- **Group VII** (The weakest class of topical steroids).
 - Hydrocortisone 2.5% (Hytone cream, lotion, ointment)
 - Hydrocortisone 1% (Many over-the-counter brands)

At the first sign of a flare-up of your child's eczema, begin treatment with a low potency steroid. Most children with mild eczema will respond to treatment with low potency steroids (Group 7). If treatment is started right away, this may prevent progression of the eczema.

Hydrocortisone 1% cream and ointment are Group 7 steroids and are over the counter. They are very safe and can be used up to four times per day in all age children.

If your child's eczema does not respond to Group 7 steroids, progressively higher potency steroids can be used. The higher group steroids should only be used long enough to get the eczema under control. If this requires more than 2-3 weeks, please call our office. You should then use a low potency steroid to treat the eczema until the rash is completely resolved.

When you travel with your child, always take the steroid cream/ointment with you. Do not let your supply run low. Get the prescription refilled when your supply runs low.

Ultra-high potency steroids are rarely needed in children. High-potency steroids (Group 2 and 3) can be used to treat more severe eczema (under a doctor's advice) until the rash has shown improvement.

How Do I Use These Medicines

- Wash your hands before using.
- Apply a thin layer (pea sized amount) to all skin areas of eczema. Try to cover the affected areas completely.
- Apply twice a day, about 8-12 hours apart.
- Before applying after a bath or shower, be sure skin is completely dry.
- Do not cover the skin being treated with bandages, dressings or wraps. However, you can wear normal clothing.
- Do not bathe, shower or swim right after applying. This could wash off the medicine.
- If you are a parent applying this medicine, or if you are a patient who is not treating your hands, wash your hands with soap and water after applying. This should remove any medicine left on the hands.
- Use only on your skin. Do not use in the mouth.

Is Bathing Good For A Child With Eczema?

Water is actually good for the skin. Use cool water because warm water will increase itching. The problem actually begins when the water evaporates too quickly from your child's skin after bathing.

- Your child should have one bath a day for 10 minutes.
- Water-soaked skin is far less itchy.
- Eczema is very sensitive to some soaps, especially bubble bath.
- Use a mild unscented soap like Aveeno, Lever 2000, Dove, and Ivory.
- Any shampoo may irritate your child's eczema.

Soak and Seal Technique

- Don't use bubble bath, scented soaps, or heavily perfumed products.
- Daily "soak" in the tub for 15-20 minutes in warm water (not hot).
- Right after bath, lightly pat dry, and then quickly (within 2 minutes) apply cream based moisturizer to damp skin to "seal" in the hydration.
- If your child is having a flare up and requires the use of a topical steroid cream, use the steroid cream first and then apply the moisturizer.
- For the face, use a wet wash cloth to keep the skin on the face moist.
- Soap and shampoo (mild- Johnson's Baby Shampoo, Neutrogena) should be used only during last few minutes of bath.

Wet Wraps

Works to increase the absorption of topical medication and should be used on severely affected skin.

- After soaking and applying topical medication to the affected skin, wet wraps should then be applied.
- Put on a pair of wet pajamas or wet long underwear, followed by dry pajamas or a sweat suit
- Cover the hands and feet with wet cotton tube socks, followed by dry cotton tube socks.
- Use warm tap water and wring out clothes. Do not use dripping wet materials for wet wraps
- Wet wraps should be worn for 8-12 hours per day, usually at night while sleeping.

Lubricating Creams and Ointments

Lubricating creams and ointments are very effective in lessening your child's dry skin.

- Apply a lubricating cream or ointment 1-3 times daily (more during the winter).
- Ointments (Aquaphor) provide more lubrication for very dry skin and for thicker areas of skin (palms/soles)
- Steroids, non-steroids and lubricating creams/ointments can be used together.
- Lotions should be avoided because they contain alcohol, which can actually be more drying to the skin.

The following are examples of commonly used lubricating creams and ointments:

- Aquaphor ointment
- Acid Mantle cream
- Eucerin cream
- Vaseline

Try to apply these moisturizers right after a bath or shower while your skin is still wet. The longer you wait the less effective the moisturizers will be.

How Can Alpha Keri Bath Oil Help My Child's Skin?

Alpha Keri Bath Oil is very effective in decreasing water evaporation from your child's skin after a bath. It functions just like the moisturizers discussed above. Remember, it is the rapid evaporation of water from your child's skin that makes eczema worse.

- Apply the oil directly to your child's skin while the skin is still wet.
- Wrap a towel around your child until the oil is absorbed and your child is dry.
- The bath oil can also be placed in the bath.
- After the Alpha Keri bath oil is absorbed into the skin, you can apply the steroid cream prescribed for your child.
- Generic is less expensive and as effective.

Treatment of Itching

Eczema itches. Scratching makes eczema worse.

- At the first sign of any itching, apply the steroid cream/ointment to the area that is affected.
- Keep your child's fingernails cut short.
- Keep your child's hands clean to avoid an infection from developing when scratching the eczema.

Benadryl elixer (over-the-counter):

- Can be given every 4 hours as needed to help control itching.
- Dose: $\frac{1}{4}$ - $\frac{1}{2}$ teaspoon per 10 pounds of body weight. In the case of a 20 pound child, the dose would be $\frac{1}{2}$ to 1 teaspoon.

Atarax syrup (prescription):

- Can be used if Benadryl does not control the itching.
- Dose: same as Benadryl.

Call Our Office If:

- The rash becomes severe (raw and bleeding in several places).
- The rash looks infected (red streaks, pus, yellow scabs).
- The rash has not improved after 7 days of treatment.
- You have other concerns or questions.

National Eczema Association

www.nationaleczema.org

Eczema & Sensitive Skin Education

www.easeeczema.org

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.