

# **About Atopic Dermatitis**



Atopic dermatitis, also commonly known as eczema, is a common skin disorder in children and adults. It is not infectious but can cause the skin to be itchy, dry or inflammed. Children with atopic dermatitis tend to have sensitive skin that gets irritated easily.



## Q: Why do I have atopic eczema?

A: Atopic eczema is a genetic disorder associated with sensitive skin. The condition is often associated with a family history of eczema, asthma or hay fever. There may also be many external factors which may influence eczema.

## Q: What does atopic dermatitis look like?

A: Most patients experience dermatitis (redness, scaling and swelling) on the face, limbs and trunk. The folds of the eyelids, neck, elbow, knees or ankle may be more severely affected. The condition can cause severe itchiness, crusting and weeping due to infection. Sometimes, when the dermatitis is thickened and dry, scratch marks are also common.

## Q: What are the aggravating factors in eczema? How should I avoid them?

A: Aggravating factors include:

- Sudden changes in room temperature, strenuous exercise and hot and humid weather
- Contact with grass or sand
- Synthetic (e.g., nylon) or woollen clothing
- Children should be dressed in cotton clothes or clothes with high percentage of cotton content
- · Emotional upsets
- Frequent use of medicated soaps, bubble bath, hot water (which tends to remove natural oils from the skin)
  - Use mild soaps or soap substitutes like emulsifying ointment. The temperature of the bath water should be cool. Use mild detergents for washing, and rinse clothes thoroughly during washing.
- · Cigarette smoke
  - In an enclosed room, smokes and fumes will irritate the skin. It is best to ban smoking within the house.
- Dog and cat hair
  - All furry pets will aggravate eczema. Avoid keeping cats and dogs in the house. The same goes for furry toys and carpets.
- Irritant foods and saliva
  - Acid juice in citrus fruits (e.g., oranges) and vegetables (e.g., tomatoes) can cause eczema around the mouth. This is often made worse by lip licking and dribbling. It is helpful to apply a protective barrier of Vaseline around the mouth, two to three times daily and before meals.

## Q: Will my child "grow out" of eczema?

A: The tendency of sensitive skin will remain with your child even into teenage years. However, your child's eczema will gradually improve as they get older and only a few will continue to have troublesome eczema in adult life.

The important thing to remember is that this sensitive skin will have to be understood and cared for, and if this is done right, often, the development of dermatitis remains a rare event.

## Q: Is eczema due to an allergy?

A: No, eczema is usually not caused by any specific allergy. Children with atopic eczema have a hypersensitive skin which reacts to many materials that come in contact with the skin surface. Although many people believe that allergy causes atopic eczema, they are not verified by scientific studies.

## Q: Will allergy tests help my child's eczema?

A: No. Children with atopic eczema usually demonstrate multiple positive reactions on skin tests, which are of little relevance in treatment. Blood allergy tests are generally not helpful in the management of atopic eczema.

## Q: Is swimming contraindicated in eczema?

A: There is no contraindication to swimming in the sea for patients with atopic eczema. In swimming pools, the chlorinated water may irritate the skin.

To prevent skin irritation, apply a thick moisturiser (e.g., Vaseline) beforehand and afterwards and rinse off as soon as the patient comes out of the water.

Taking babies with severe eczema into a swimming pool is not a good idea.

## Q: Can I continue with my child's routine immunisations?

A: Your child's atopic dermatitis will not flare with immunisations and they should receive their routine immunisations as scheduled.

# **Treatment for atopic eczema**

There is no single medication that can cure eczema. It is possible to control eczema effectively by using a simple treatment plan.

#### **Emollients**

These are products which moisturise and soften the skin. They help to reduce itching and scratching, are safe and should be used frequently, at least twice a day, even when there is no active eczema.

#### **Topical steroid creams**

The use of an appropriate topical steroid is safe and an essential part of treatment. They should be applied twice a day specifically to the affected areas. The doctor will advise you on the appropriate cream to use.

### Anti-itch (antihistamine) medication

To be given one hour before sleeping; this will help the child settle and have a more comfortable sleep.

#### Antibiotics

Skin with eczema seems to attract certain bacteria to the skin. These people may be hypersensitive to some of the bacteria and this may aggravate the condition. Antibiotics help to reduce these bacteria and may improve the eczema. The doctor will advise you on whether antibiotics are needed.

In addition to the above, nails should also be kept short and it is important to comply with treatment.

## What is discoid eczema?

This is a form of eczema that is common in children and adults. They present as round, red patches of eczema or skin inflammation located mainly on the arms and legs. The lesions are coin-like, hence the term discoid eczema.



#### **Clinical features**

There are two main forms of discoid eczema:

- 1) Wet form: With oozing and crusting lesions
- 2) Dry form: With redness and scaly lesions

Both forms are persistent and may last for months if left untreated.

## Q: Why is it important to recognise discoid eczema?

A: Discoid eczema is frequently mistaken as ringworm. It does not respond to antifungal cream.

#### **Q:** Treatment for discoid eczema?

A: Treatment is done with moderate strength steroid cream, moisturisers and antibiotics. Lesions are slow to resolve and treatment takes considerable time before improvement can be seen.

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