

Atopic Dermatitis

What is atopic dermatitis?

Atopic dermatitis (AD) or atopic eczema is a very common recurrent, itchy skin condition in children.

Many patients have a personal or family history of other atopic conditions (eg. asthma, allergic rhinitis or allergic conjunctivitis). Many genes involved in the formation of the skin barrier and the skin's immune system play a role in the development of AD. Many patients with AD have dry skin which is easily irritated.

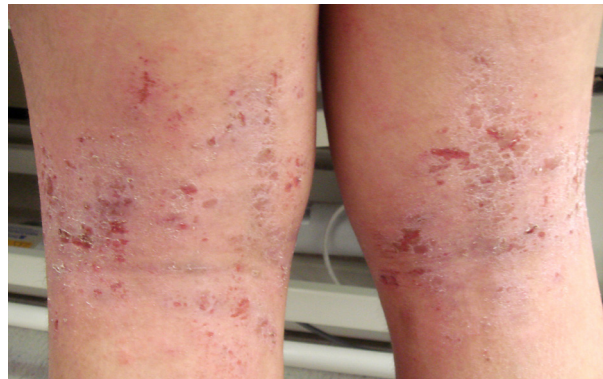
Most children with AD improve as they get older. However, the condition can recur even after an inactive period.

How does atopic dermatitis present?

AD commonly starts in infancy but some patients may present in childhood or later.

- In infants and babies, AD commonly affects the scalp and face. In more severe cases, it can also affect the limbs and trunk.
- In children and adolescents, AD commonly affects the flexural areas (eg. neck, elbows and behind the knees). It can become more generalised in more severely affected patients.

AD appears as red, scaly, scratched rashes. Blisters may be seen. In long-standing cases, the skin can become quite thick.



Acute Atopic Dermatitis



Chronic Atopic Dermatitis

What triggers or worsens atopic dermatitis?

- a. Environmental
 - Changes in climate
 - House dust mites/ dusty environments
 - Heat, sweating
 - Smoking
 - Strong soaps, detergents, bubble baths
 - Pets, carpets, stuff toys
- b. Infections
 - Flu, upper respiratory tract infections
 - Skin infections (eg. Staphylococcus aureus, herpes simplex virus)
- c. Insect/mosquito bites
- d. Vaccinations
(However, we do not advise avoiding your child's vaccinations.)
- e. Stress
- f. Scratching (itch-scratch cycle)
- g. The role of food allergy in triggering AD is controversial.

If there is suspicion of a food allergy worsening your child's AD, discuss this with your doctor, who will determine if further testing or referral to a paediatric allergist is warranted.

Treatment of atopic dermatitis

General advice:

- Reduce the level of house dust mites. Avoid stuffed toys, pets and carpets in the home. Wash bed linens in hot water (>60°C) once a week.
- Family members should avoid smoking.
- Avoid strong soaps, chemicals and bubble baths.
- Take a short (10 min) bath or shower daily with tepid or slightly warm water. Avoid hot showers or baths. Pat dry, do not rub dry after bath.
- A soap substitute is recommended for patients with AD. Sometimes, an antiseptic wash may be prescribed for patients with repeated skin infections.
- Avoid extreme temperatures. Avoid excessive sweating if possible. Consider stopping physical exercise when there are severe flares.
- Minimise scratching. Cut and file fingernails regularly.
- Moisturise two to three times daily with a fragrance-free moisturiser. Apply the moisturiser liberally over all skin surfaces, even on normal looking skin. Your doctor will be able to recommend which moisturiser is suitable for your child.

Specific treatments

Topical steroids:

- Topical steroids are used as the main treatment of AD.
- The strength of the steroids will depend on the age of your child, as well as the location and severity of the eczema.
- They should be applied one to two times daily depending on the instruction of your child's doctor.
- Topical steroids are to be applied on the red, itchy and bumpy areas. Once the rash improves, decrease the frequency of application. Stop application once redness and itchiness resolves and skin is flat.

- Your child's doctor may provide you with an "Eczema Action Plan". Remember to follow the instructions.
- Prolonged use of potent or super potent topical steroids can lead to side effects like skin thinning, easy bruising, stretch marks (striae) and increased hair growth.

Topical calcineurin inhibitors:

- These are non-steroidal creams used to treat AD, with a better side effect profile compared to topical steroids.
Examples include: Elidel cream and Protopic ointment.
- They are applied in a similar way to topical steroids.
- Some patients may experience some burning or stinging sensation after initial application. These symptoms tend to subside after continued applications. Do inform your child's doctor if these symptoms occur.

Oral anti-histamines:

- These may be prescribed by your child's doctor to relieve itch and help your child sleep better at night.
- Different anti-histamines may be prescribed for day and night.
- These should be given for as long as your child is having itch from his/ her eczema.

Oral antibiotics:

- These may be prescribed if there are any signs of skin infection worsening the AD in your child.
- Your child should complete the course of antibiotics that is prescribed.



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Scan to watch video on Triggers of Eczema



Scan to watch video on Common Treatments for Eczema

Useful telephone number

Central Appointments

6294-4050



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