The Itch That Rashes

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Atopic Dermatitis

Pityriasis Alba

Nummular Eczema

Dyshidrotic Eczema

Lichen Simplex Chronicus

Semantics:

Eczema is a descriptive term not technically a diagnosis. The term refers to a group of inflammatory skin eruptions; atopic dermatitis, contact dermatitis, dyshidrotic eczema, ect.

Atopic Dermatitis

- Chronic, pruritic skin disease caused by barrier dysfunction, genetics, environment, impaired immune response.

"The itch that rashes"



Atopic Dermatitis Aggravators

- Stress, heat, sweating, and external irritants
- You should refrain from wearing wool as this can further irritate your skin.
- Emotional stress
- Extremes of weather.
- Infection

Atopic Dermatitis

- Clinical presentation:

Erythematous papules, that coalesce to form erythematous plaques that may display weeping, crusting, or scale over *cheeks*, forehead, scalp and extensor surfaces in toddlers and infants



Atopic Dermatitis

- Clinical presentation:

Lichenified, eczematous plaques in *flexural areas* of the neck, elbows, wrists, and ankles in older kids and adults



Atopic Dermatitis

- Atopy Triad: Allergic rhinitis, Asthma, Atopic dermatitis
- Treatment:

  First line: long term emollients, short term topical steroids, antibiotics for secondary infection

  Second line: Topical calcineurin inhibitors - tacrolimus and pimecrolimus

Food allergy may be a factor in kids with refractory AD

Atopic Dermatitis Adult Patient care tips

- Hot baths, alkaline soaps, vigorous rubbing and scrubbing should be avoided. Water should be kept tepid and a mild cleanser (not antibiotic cleanser) should be used only on soiled skin. Soap should be used only on arm pits, genital region and scalp. Immediately after bathing while the skin is still moist apply a thin coat of Vaseline or Aquaphor to skin.

Atopic Dermatitis Adult Patient care tips

- Humidifiers are helpful.
- You should refrain from wearing wool as this can further irritate your skin.

Atopic Dermatitis Adult Patient care tips

- Most changes in your skin are a result of scratching and rubbing so it is critical to try to eliminate this. If an area gets really itchy try rubbing an ice cube over the affected skin instead of scratching the area to prevent further damage from scratching.
- Your dry skin is made worse in the winter and should be hydrated daily with moisturizers.

Atopic Dermatitis Pediatric Patient care tips

Bathing tips

- **Bathe your child in warm — not hot — water.**
- **Limit your child's time in the bath to 5 or 10 minutes.**
- **Use cleanser only when needed and make sure the cleanser is mild and fragrance-free.** Do not use bubble bath.
  - If your child's eczema is frequently infected, twice-weekly bleach baths may be beneficial.

Atopic Dermatitis Pediatric Patient care tips

- After bathing, **gently pat your child's skin partially dry.**
- If your child has medicine that you apply to the skin, **apply medicine when your child's skin is almost dry and use the medicine as directed.**
- **Apply moisturizer** on top of the medicine and to the rest of your child's skin

How to do a Bleach Bath

- **Use regular strength – 6 percent – bleach for the bath.** Do not use concentrated bleach.
- **Use a measuring cup or measuring spoon to add the bleach to the bath.** Adding too much bleach to the bath can irritate your children's skin. Adding too little bleach may not help.
- **Measure the amount of bleach before adding it to the bath water.** For a full bathtub of water, use a half cup of bleach. For a half-full tub of water, add a quarter cup of bleach. For a baby or toddler bathtub, add one teaspoon of bleach per gallon of water.

How to do a Bleach Bath

- **Never apply bleach directly to your child's eczema.** While the tub is filling, pour the bleach into the water. Be sure to wait until the bath is fully drawn and bleach is poured before your child enters the tub.
- **5 minute soak.**
- **Pat your child's skin dry after the bath.** If your child uses eczema medication, apply it immediately after the bath. Then moisturize your child's skin.

Atopic Dermatitis Pediatric Patient care tips

Tips for choosing a moisturizer

- When selecting a moisturizer, **consider choosing a thick cream or ointment.**
- Some children do better with fragrance-free products, so **consider petroleum jelly** — an inexpensive, fragrance-free product that works well for many children.
- When selecting a product, **"trial and error" sampling of different types may help** to identify the best moisturizer for your child.

Atopic Dermatitis Pediatric Patient care tips

Tips to ease discomfort

- For best results, **apply moisturizer at least twice a day**. This prevents dryness and cracking. It also can decrease the need for eczema medications.
- For severe itching and scratching, **wet wrap therapy** can reduce swelling and lessen the desire to scratch.

Atopic Dermatitis Pediatric Patient care tips

Tips to ease discomfort

- **Keep your child's fingernails short and smooth.** This decreases the likelihood that scratching will puncture the skin. Putting cotton gloves on your child's hands at night may help prevent scratching during sleep.
- **Keep temperature and humidity levels comfortable.** Avoid situations in which the air is extremely dry, or where your child may sweat and overheat. This is the most common trigger of the itch/scratch cycle.

Wet Wrap Therapy

- Please soak in a tub of warm (not scalding) bath water for 20 minutes (set a timer). Then carefully get out of the bathtub, pat dry with a towel and apply to prescription cream in a thick layer as if putting butter on toast. Then put on a pair of old long sleeve and long pant pajamas that you have moistened with warm water and then wrung out until they are damp but not overly wet. Follow up the damp pajamas with a pair of dry pajamas. You will sleep in this. In the morning apply over the counter moisturizing cream (CeraVe or Cetaphil) to your entire body.

Atopic Dermatitis Pediatric Patient care tips

Clothes-washing tips

- **Using a laundry detergent made for sensitive skin may be beneficial.** Scented fabric softener or dryer sheets may contribute to irritation.
- **Only use the recommended amount of detergent.**
- **Use enough water for adequate rinsing.**
- **Buy clothes without tags** because tags can rub against the skin, causing irritation.
- **Wash your child's new clothes before wearing.** This will remove excess dyes and fabric finishers, which can irritate the skin.

Atopic Dermatitis Phases





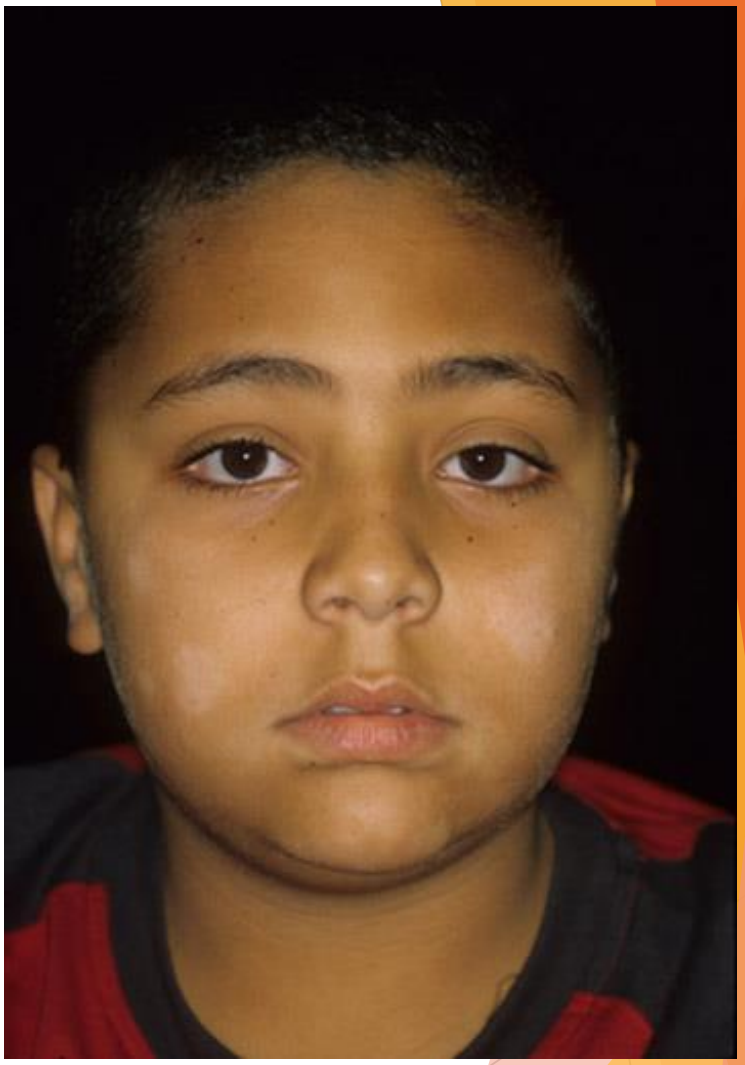


Pityriasis alba



- Mild Atopic Dermatitis
- poorly marginated, hypopigmented, slightly scaly patches on the cheeks, upper arms, and trunk, typically in children and young adults.
- Typically found in young children (with darker skin), often presenting in spring and summer when the normal skin begins to tan
- Differential Diagnosis: Tinea versicolor, Vitiligo,





Nummular Dermatitis aka Nummular Eczema



- Coin shaped, itchy hyper pigmented plaques
- Trunk and/or the extremities, often in a symmetric distribution
- Most common in men, and the peak age of incidence is between 50 and 65 years
- Triggers: frequent bathing, low humidity, irritating and drying soaps, skin trauma, interferon therapy for hepatitis C, and exposure to irritating fabrics such as wool

Nummular Dermatitis
Nummular Eczema

- Differential Diagnosis: Psoriasis, Tinea corporis
- Work up:
  - Perform a skin scraping and potassium hydroxide (KOH) preparation to rule out a fungal infection.

    A skin biopsy will confirm the clinical diagnosis







Nummular Dermatitis
Nummular Eczema

- Treatment:
  - Apply thick emollients, such as Aquaphor or petroleum jelly (which is more cost-effective), at least twice daily. Patients should take short (5 minutes or less) lukewarm baths or showers, use mild soaps, and apply emollients while the skin is still damp.
  - Use a mid-to-high-potency (class 2-5) topical corticosteroid applied directly to the lesions twice daily.

Nummular Dermatitis
Nummular Eczema

- Treatment:
  - Topical calcineurin inhibitors (tacrolimus or pimecrolimus) may be used as steroid-sparing topical agents.
  - Systemic antihistamines, especially in the evening:
    Diphenhydramine hydrochloride – 25-50 mg every 6-8 hours, as needed.
    - Hydroxyzine – 25 mg every 6 hours, as needed.
    - Cetirizine hydrochloride – 5-10 mg daily.

Dyshidrotic eczema

- Atopic Dermatitis of the hands and feet
  - AKA: dyshidrosis, pompholyx
- Characterized by vesicles on the sides of the fingers and/or feet
  - Small, tense, clear, fluid-filled vesicles on the lateral aspects of the digits “Tapioca”
- Differential Diagnosis includes: contact dermatitis, psoriasis, tinea, bacterial infection





Dyshidrosis

Further testing may be done to rule out other conditions:
Patch testing (allergic contact dermatitis)
KOH preparation of scrapings (dermatophyte or scabies)
Bacterial culture (bacterial infection)
Biopsy for direct immunofluorescence (bullous pemphigoid)

Treat like Atopic Dermatitis:
Mid to High potency Topical steroid



Lichen Simplex Chronicus

Caused by skin thickening in response to rubbing/friction

Hallmarks of this are:

- Lichenification -> accentuation of skin tension lines
- Hyperpigmentation -> dark color





Lichen Simplex Chronicus

Challenge is to determine cause as it can be due to mechanical friction, atopic dermatitis, an infection (long term)

And then you have to refrain from rubbing/scratching the area





Lichen Simplex Chronicus

Treatment: mid to high potency topical steroid (Triamcinolone cream 0.1% twice daily), decreasing friction/scratching to the area



