



Heartland Dermatology

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Diseases of the Skin
Phototherapy
Mohs Micrographic Surgery for
difficult or recurrent skin cancers
Laser Surgery
Sclerotherapy
Collagen
Botox
Liposculpture

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Atopic Eczema

V. Angeloni MD

Atopic eczema is a common childhood dermatitis. In many children this can first arise in infancy. In some cases it may appear later in childhood or even in adulthood. It often runs in families and can also be seen in families where asthma or hay fever are found. This can be a type of dermatitis which is characterized by a few small itchy spots or can present as a widespread, red, itchy rash. In many children improvement can be noted as they become older and in some cases of remission may occur but this is usually not until the child is much older (6-8 years old or possibly not until the teen years).

Children who have this condition should be thought of as having very sensitive skin which becomes itchy much easier than normal skin. Thus, harsh soaps or conditions which dry the skin can make these children have a worsening of their rash. Many children with this condition will do worse in the winter because their skin becomes drier. In some cases, the summer can be a difficult time for these children as well. When overheated, these children may not sweat as much as their peers, and instead they may become more itchy. Moderate environmental conditions where the air is neither too dry nor too hot would be ideal for these children but such conditions are not the norm in Iowa.

It is best to avoid wool clothing in these children and to wash their clothing in a hypoallergenic detergent such as "Cheer free", "Tide free", or "All free". Fabric softeners in the form of dryer sheets should be avoided if possible. Hard water causes soaps to precipitate and not rinse off well, which might irritate the skin in these sensitive individuals. This is less of a concern if you are using a cleanser such as Cetaphil (see below), which shouldn't irritate the skin even if you just wipe it off with a towel.

Keeping the skin moist is a key ingredient in helping avoid flareups of the rash. Very mild soaps should be used in the shower or bath and we usually recommend Cetaphil cleanser (or Target gentle skin cleanser or Walmart's generic), Oilatum AD antibacterial cleansing lotion, Aveeno, Dove, or Basis soap (Dry skin formulation). After bathing, the skin should be patted dry and left moist/wet followed by application of a good moisturizer. Moisturizers which can be used include Eucerin, Aquaphor, Aquaphilic ointment, vaseline, Curel, Cetaphil moisturizer, etc. The most important point when using a moisturizer is that a moisturizer only functions to hold water in the



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skin and it does not hydrate the skin unless it is creamy or a lotion and contains some water itself. These *lotion* moisturizers don't hold in water as well as thicker, greasier moisturizers. In general, greasy moisturizers tend to work better since they're very occlusive, and are more effective in preventing evaporation of water from the skin. However with these moisturizers you must hydrate the skin first before applying the moisturizer. In addition, thicker moisturizers like vaseline must be applied in exceedingly thin layers so they won't feel terribly greasy. In children with very dry skin, you will note that even if you apply vaseline, in a few hours, the skin may be dry again (but putting the same amount on normal skin leaves the skin feeling moist or greasy all day...) In the dry times of the year we would recommend application moisturizer several times a day. Soaking the child in the tub for 10-15 minutes can be very useful in hydrating the skin, especially in winter. Some physicians recommend adding some "sea salt" to the water as this can be soothing to irritated skin. Apply moisturizer within 3 minutes of drying off the skin in order to "seal in" the water which the skin has absorbed. Wait longer, and much of it will evaporate, especially in the winter when the humidity in the home can be less than 25%. Increasing the humidity in the home in winter may help and this can be done with a humidifier which attaches to your home heating unit, or with a small humidifier placed in the bedroom.

With younger children, studies have shown that regular bathing followed by massage of moisturizers into the skin by a parent can be very helpful. This can provide some useful stress relief as well as allowing some quality time or bonding time for the parent. Children treated with regular bathing and a 20 minute massage were shown in one study to do 30 percent better than children who were not given a massage. Antihistamines can also be helpful in controlling the urge to scratch, however in some children they may cause too much drowsiness or may even cause hyperactivity. Some of the newer non sedating antihistamines may not be as effective for the itching.

Steroids are still the mainstay of therapy for the control of atopic dermatitis. These are usually applied in the form of a cream or an ointment. Only rarely are oral steroids necessary. Steroid creams are safe to use in children as long as they're applied according to instructions given by your doctor. In general, they should be applied sparingly only to the red, rashy areas. If there are areas on the child that are characterized by having dry skin which is not red, treat these areas with moisturizer. Even mild steroids can cause problems if used incorrectly in young children. When applying steroids and moisturizer, apply the steroid first only to the rashy areas, then put the moisturizer on the entire skin surface.



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In the past there was a great deal of controversy regarding the role of food and allergy in atopic dermatitis. Most physicians would agree that only a small percentage of cases of atopic dermatitis are worsened by certain foods. We do not routinely recommend food testing for the average child with atopic dermatitis, but in some stubborn cases, it may be useful. In some cases where a food allergy was identified, elimination of the food did not improve the child's dermatitis. In some children where elimination of a food caused improvement, rechallenging the child with that food one to two years later did not cause a flare of dermatitis.

When the rash in atopic dermatitis becomes weepy, it is possible for bacteria to cause infection in the skin. This usually shows up as honey colored crusts or pus in some of the rash. If these changes are noted please call our office as soon as possible. In addition, these children are also very susceptible to the virus which causes cold sores. The cold sores virus can spread widely over the skin in children with severe dermatitis. Any worsening of the rash which is characterized by small shallow open sores should raise concern and prompt you to call our office.

UPDATE (April 2002)

In addition to topical steroids, 2 new medications have come onto the market recently for the treatment of atopic dermatitis (Protopic® Ointment, Elidel® cream). They are *not* steroids, but they suppress immune reactions in the skin like steroids. They lack the side effect of potential thinning of the skin and they can be used on the face, and they can be used longer than one would typically use a steroid cream. In some cases, these medications can replace steroids altogether, but in others, steroids may still be needed on occasion. The main disadvantage of these medications is that they are more expensive than steroids and since they are new, some insurance plans will require a higher copay, or may not cover treatment with these medications at all.