Eczema

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. pcds.org.uk
3. GP Update
3. Alliance Federation Walsall, dermatology consultant lecture 2015.
4. Dermatology lecture, GP Scholar, Oct 2016
5. Alliance Federation Walsall, dermatology consultant lecture, July 2017
6. Alliance Federation Walsall, dermatology consultant lecture, Feb 2019
7. Dr Olivia Stevenson, Kettering NHS, dermatology consultant, Jan 2021.

Atopic eczema

- Unknown cause.
- Common in middle ages men and younger females.
- Triggered by:
- Soaps.
- Central heating.
- Rough clothes.
- Allergens e.g. food, HDM, aeroallergens. etc

Symptoms

- Face in babies, then flexures in older kids, then more generalised later on.
- Can occur in extensor pattern, but do not confuse with psoriasis.

Investigations

- No tests.
  - Eczema and food allergy are different entities.
  - Some foods can make eczema flare up, but this is not IgE mediates, so cannot be tested.
  - If a food is thought to flare up eczema, exclude from diet.
  - Indeintify trigger i.e. extremes of temp, wool, soaps, house dust mite, foods.
  - Patch test = to test for things that touch the skin i.e. type 4 reactions.
- Swab.
  - If very red or not responding.

Management

- Lifestyle.
- Emollient.
- Steroid.
- See below for general details.

- Conficting advice about house dust mite.
- Dont waste loads of money on it.
- Wash bed linen once a week at 60oC
- Go for laminate.
- Steam carpeting.
- Changing diet doesnt help a lot.
- Only if eczema management not working then do tests for allergies (milk, weat, dust mite, pollen).
- If food allergy, refer to dietician.

Discoid eczema

- Unkown cause.
- Common in middle ages men and younger females.

Symptoms

- Discrete round/oval lesions
- Border fades at periphery
- Crust/exudate on surface (rather than scales of psoriasis)
- Very itchy
- Often misdiagnosed as ring worm.

Image from Primary Care Dermatology Society website pcds.org.uk

Management

- Emollient.
- Potent/superpotent steroid cream (not ointment).
- Short course of prednisolone if sudden onset.
- Oral Abx if infected.
- If diagnostic uncertainty refer (sometimes need phototherapy).
- See below for general details.

Asteatotic eczema

- Cold winter.
- Excess washing.

Symptoms

- Crazy paving pattern
- Itchy
- Dry
- Commonly on shins

Image from Primary Care Dermatology Society website pcds.org.uk

Investigations

- Consider TFT

Management

- Only wash twice a week.
- Key is greasy emollient to wash, and moisturise.
- Avoid wool.
- Steroid only needed if significant inflammatory changes.
- See below for general details.

Contact dermatitis

- Contact dermatitis from finger food, snot, saliva.
- Put on regular emollient.

Management

- HAND
  - Hand care +++.
- LIPS
  - Do not use steroid.
  - Only treatment is emollient alone.
  - Greasier the better e.g. hydromol ointment.

Pompholyx eczema

Image from Primary Care Dermatology Society website pcds.org.uk

Management

- Emollient.
- Do not use soaps.
- Dermol 500 to wash hads with.
- Can use gloves at night as occusive.
- Can consider referring for patch testing.
- Betnovate or dermovate BD for 2/52 THEN
  OD for 2/52
  THEN
  alternate days for 1/52
  THEN
  stop

Eczema herpeticum

- Usually due to herpes simplex type I and II.

Symptoms

- Painful/itchy vesicles, or punched out erosions
- Affects eczematous skin and normal skin
- Fever
- Lethargic
- 2° bacterial infection causes impetigo or cellulitis

time to develop symptoms can help differentiate from inflammatory and bacterial causes

Pathology	Time to develop
inflammatory flares	weeks
bacterial flares	days
herpeticum	hours

- Systemically stable
  - Stop steroid for 72 hrs
  - Oral aciclovir
  - Oral flucloxacillin
- Systemically unstable
  - Admit to hospital
- Eye involvement
  - Urgent ophthalmology review

Management

- Refer child if Eumovate not controlling.
- Refer adult if Betnovate not controlling.
- Either not right Dx or needs systemic treatment.
- Severe all the time.
- Stopping work or school even if you look and think 'It's not that bad'.

Emollients

- Consider need for complete emollient therapy in more widespread eczema.
- Can use greasy emollient at night, and a lighter one in morning.
- 'Use until skin is shiny', is more realistic than finger tip unit.
- Use at least BD.
- Apply downwards to avoid folliculits (or consultant = just slap it on).
- Put moisturiser on 1st, then 5-10 min later steroid (no one will wait 30 min !).
- Normal to get redness and stinging when apply.
- Used to allow aqueous as hand wash, but now avoid altogether.
- Must warn about flammable risk (even with E45).
- If infected episode of eczema, throw away open tubs to avoid reinfection if using hands to scoop out (should use spatula).
- If you put thick layer of grease on baby overnight it will make them hot.
- Doesn't have to be fragrance free if not allergic to it and they like it and it works.

Emollients

Very greasy:
Aproderm ointment

Greasy:
Aproderm gel

Medium:
Aproderm emollient cream

Light:
Aproderm colloidal oat cream

- severe
  - Diprobase ointment
    OR
    - Epaderm ointment

    500g / week
  - Can cause heat trapping and then folliculits.
  - So apply in downward action.
- moderate
  - Aveeno cream
    OR
    - Cetraben cream
    OR
    - Diprobase cream
    OR
    - Oilatum cream

    500g / 2 weeks
- mild
  OR
  poor compliance
  - Doublebase gel
    OR
    - E45 cream

    500g / 4 weeks
  - Gels are good for hair bearing areas.

Soap substitute

- Emollient can often be used as a soap substitute (see below options).
- Do not use aqueous cream at all.
- If need to use soap e.g. been outdoors so reduce Covid risk, wash with soap then wash with emollient.
  - Dermol 500 lotion
    - Epimax original cream
    - ZeroAQS emollient cream
    - Zerocream
    - Hydromol ointment
    - Ovelle emulsifying ointment
    - Zerodem ointment

Bath/shower emollient

- Latest evidence shows no benefit.
- www.Southampton.ac.uk/bathe
- Use the emollient to 'wash' the body with instead of soap. Just slap it on all over and then just wash it off.
- Bathe once a day, but only for 10 min max.

Dermol

- Too irritant to use as a daily mousuriser due to the antibacterial ingredient.
- Could use once a day as a wash to reduce the staph load on skin which is a driver for flare up's.

Balneum Plus

- For very itchy skin.
- But remember, itch usually means need more steroid.

Emollin 50/50 spray

- Alternative to rubbing in creams.
- Good for barrier in nappy rash too.

Expensive and OTC only

- Ceravae (contains ceramide's so only once daily is enough).
- Lepikarap Lorechelle Pa sae.

Steroids

* Never use oral prednisolone.
- Unless totally random and rare and one off cause of flare up e.g. rolled around hay with rabbits.

- Always prescribe ointments, unless using on face or weeping skin.
- Note: Steroid ointments do not moisturise the skin even though greasy. So must apply emollients.
- Only stop steroid if no eczema.
- Can use every day if needed, as long as using correct steroid potency.
- If the patient has itchy skin, this indicates they need to use more steroid.
- Weaning down gradually is vital, else will keep bouncing between control and flareup e.g. BD, to OD to twice weekly to weekly. However, is evidence that BD is no better than OD, and so advice to put on at night as will be better applied by the pt rather than them rushing during the day.
- Put ointment's on radiator/warm water to soften them otherwise hard lump of ointment must be rubbed into sore skin i.e. makes life difficult.
- Steroid does not 'bleach' the skin, the uncontrolled eczema does pigment it. Hypo/hyper pigmentation can take months-yrs to improve.
- Can bleach the hairs with overuse.
- Give high strength to gain control of flair within a few days to gain their trust.
- Use weaker steroids once the higher versions have controlled it.

- Refer child if Eumovate not controlling.
- Refer adult if Betnovate not controlling.

- More moisurising than creams.
- More potent than equivalent cream version.
- Have less preservatives that could sensitise the skin.

Child:
- Mild on face.
- Moderate on limbs/trunk.

Adult:
- Mild/moderate on face.
- Potent on limbs/trunk.
- Super potent on palms/soles.

- mild
  - Hydrocortisone 0.1-2.5%
  - Synalar 1 in 10 dilution (fluocinolone acetonide 0.0025%)
- moderate
  - Betnovate RD (betamethasone valerate 0.025%)
  - Eumovate (clobetasone butyrate 0.05%)
  - Modrasone (alclometasone dipropionate 0.05%)
  - Synalar 1 in 4 dilution (fluocinolone acetonide 0.00625%)
- potent
  - Betnovate (betamethasone valerate 0.1%)
  - Diproxone (betamethasone dipropionate 0.05%)
  - Elocon (mometasone furoate 0.1%)
  - Locoid (hydrocortisone butyrate 0.1%)
  - Metosyn (fluocinonide 0.05%)
  - Nerisone (diflucortolone valerate 0.1%)
  - Synalar (fluocinolone acetonide 0.025%)
    - Elocon is preferred over Betnovate by dermatologists as less thinning of skin.
- super potent
  - Dermovate (clobetasol propionate 0.05%)
  - Dermovate scalp lotion (clobetasol propionate 0.05%)
  - Etrivex shampoo (clobetasol propionate 0.05%)
  - Nerisone forte (diflucortolone valerate)

Calcineurin inhibitors

- Protopic (tacrolimus)
  - Calcineurin inhibitors
  - Do not use in infected area. Stop if currently using.
  - Can cause stinging for 10 min, for first 1-2/52, so put moisturiser on first then this.
  - Might be too stings if flared up. So use steroid to settle quickly and get as good as you can, then introduce the Protopic.
  - Use if 3/4 exacerbations of eczema in a yr.
  - Trial for 6/52.
  - If Protopic 0.03% for moderate. Protopic 0.1% for severe. Some consultants just use 0.1% for all pt's (including children) as no difference in safety data.
  - License = Protopic 0.03% 2y - 16y. Protopic 0.1% ≥16. But can use 0.1% >4y according to consultant.
  - Can be used as a steroid sparing agent.
  - On areas where there would be concern using steroid for a long time e.g. face, eye lids, genital areas, flexures. Can use anywhere.
  - Acute treatment = BD for up to 3-6/52 if needed. Good argument to just use once at night instead as better applied by patient and limited benefit in BD dosage.
  - Maintenance treatment = ON for 2 days in a week e.g. Mon & Thur. Can be continued for 1yr and then reviewed to see if need to continue or not.
  - Rarely causes slight photosensitisation = apply ON and advice sun protection.
  - Some pt's may need steroid OM and apply Protopic ON.
- Elidel (pimecrolimus)
  - For mild or mod.
  - One consultant uses this (rather than Protopic) if <2y.

Montelaukast

- 30% pt's with eczema & asthma benefit.

Antihistamine

- Histamine is not involved in the itch pathway in eczema.
- So do not give antihistamines.
- Only reason to give piriton at night is for sedation from itching, maybe for 1/52 max. Not for continuous use.
- Itching indicates undertreated eczema, and undertreated eczema implies needs steroid ointment.
- Hydroxyzine from 6m.
- Alimemazine from 2y.

Recurrent infections

- Dermol emollients due to antibacterial ingredient.

Antibiotics

- For infected eczema, topical antibacterials do not work.
- Use oral antibiotics and Dermol to reduce the staph load on the skin.
- Nasal swabs in children with recurrent infected eczema.
  Then eradication therapy to eliminate staph aureous. Often eczema is well controlled once cleared.

Silk garments

- No benefit vs standard emollient.
- Worth trying if disturbed sleep from scratching all night.