Eczema and Dermatitis

There is NO CURE.

Mx = oily goo and steroids

- Itchy, scaly skin.
- **Acute: weeping, scratched, red**
- **Chronic: thickened lichenified skin, scaly like a reptile.**

Atopic eczema:

About 30g of some sort of slime is all that is required to cover the whole surface area of an adult.

- Very common
- Immunological abnormality of IgE and T-helper cells,
- PLUS failure of certain barrier functions of the skin
- (dry, scaly skin - easily irritated)

IRRITANTS:

- sweat, clothes, cleansing products, allergens eg. dust mites, foods, grasses

MANAGEMENT:

- antihistamines
- topical steroids or topical TACROLIMUS
- UV light
- Systemic immune suppression

Acutely: wet soaks, saline baths
Chronically, ointments aimed to improve barrier function e. Soft paraffin, emulsifying ointments etc.

The key to successful management is caring for the illness for up to 6 weeks after its been apparently "cured".

Seborrhoeic Dermatitis:

Childhood pattern: flexural, nappy rash
Adult Pattern: facial butterfly rsh, dandruff, plepharitis, otitis externa
Aggravated by stress, skin microbes, yeasts.
Management is with antifungal steroidal creams, eg. 1% hydrocortisone.
You may try to reduce exposure to irritants.
This s a chronic relapsing disorder. All you can do is reduce its severity.

Allergic Contact Dermatitis:

Lymphocyte mediated hypersensitivity reaction to an allergen
Pattern varies depending on extent of exposure to allergen. **!! VERY ITCHY !!**
Diagnosis is via skin testing
Management is by avoidance of allergen. Powerful treatment is indicated in severe reactions, eg. systemic steroids. Otherwise the skin damage resolves quickly after the allergen is withdrawn.

Also seen...

ASTEATOSIS:

Scourge of the elderly, with their incompetent lower limb vessels-
Thus reduced nutritional blood flow to the skin compromises barrier functions.
Strong steroids will only make it worse- so use frequent barrier ointment application

VARICOSE ECZEMA:

Same as above, crappy vessels give rise to barrier incompetence & reduced repair capacity-
But in this case its the venous drainage thats at fault, so compression stockings are the go.
Also, if possible elevate the limb (improves drainage) and NEVER use steroids.

POMPHOLYX:

Hands, palmar surfaces, and feet. Brought on by stress and chemical + physical irritants; needs treatment with hardcore topical steroids for the first four days, then maintenance therapy with topical barrier preparations.