Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
Clinical Strategy and Programmes Division

PAEDIATRICS

FACULTY OF PAEDIATRICS
ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Atopic Eczema

BACKGROUND
- Affects up to 15% of children
- 90% present before 5 years; 60% present before 1 year
- Eczema often improves during childhood however some cases may persist
- Associated with development of other atopic diseases

DIAGNOSTIC CRITERIA
- Itchy skin condition plus 3 or more of the following:
  - ✓ Flexural dermatitis involving skin creases (cheeks or extensor areas in children <18 months)
  - ✓ Dry skin in past year
  - ✓ History of asthma or allergic rhinitis (family history if child <4 years)
  - ✓ Onset of signs and symptoms before age 2

TRIGGER FACTORS
- Irritants such as soap and detergents
- Contact or inhaled allergens
- Woolen clothing
- Food allergens

BACTERIAL INFECTION
- Mainly *S. aureus* & *Group A streptococcus*
- Rapidly worsening eczema
- Failure to respond to topical steroids
- Weeping & crusting lesions
- Systemic signs & symptoms
- Treat with topical & oral antibiotics (flucloxacillin)

ECZEMA HERPETICUM
- Rapidly worsening eczema
- Failure to respond to topical steroids
- Multiple punched-out crusted superficial erosions
- Treat immediately with systemic acyclovir and refer urgently to dermatologist

HISTORY
- Age of onset
- Pattern
- Severity
- Possible triggers
- Dietary history
- Sleep disturbance
- Family history of atopy

EXAMINATION
- Crusted erythematous patches on flexor surfaces (face & extensor surfaces <18 months of age)
- Excoriation
- Lichenification
- Secondary infection

INVESTIGATIONS
- Skin swabs if recurrent infection or suspected streptococcal infection
- Consider skin prick testing and IgE RAST if strong suspicion of food allergy in moderate to severe eczema

TREATMENT
- Use emollients generously 3-4 times a day and add to bath water
- Daily lukewarm baths
- Topical steroids of lowest effective potency applied once a day
- Recognise and treat infections

TAKE HOME MESSAGES
- Liberal use of emollients
- Avoid known triggers
- Avoid goat's milk
- Sparing topical steroids
- Wet dressing/paste bandages are second line
- If flare up, think infection
- Have a written care plan

REFERRAL
- Emergency dermatology referral if clinical suspicion of eczema herpeticum
- Routine dermatology referral:
  - ✓ Diagnostic uncertainty
  - ✓ Severe eczema that is poorly controlled with topical treatments
  - ✓ Recurrent infections
  - ✓ Significant social or psychological disturbance

TOPICAL STEROIDS
- Applied to areas of active eczema including areas of broken skin
- Potency should be tailored to the severity of the child's eczema
- Only mild to moderate potency on the face
- Apply sparingly on the affected area so that the skin glistens

TOPICAL CALCINEURIN INHIBITORS
- Topical tacrolimus should be considered in children over 2 years old with moderate to severe eczema not controlled by topical steroids

DIETARY EXCLUSION
- If severe eczema and suspected food allergy, trial cow's milk protein-free milk for 6-8 weeks with dietetic support
- Refer to allergy specialist

REFERENCES

- NICE Guidelines CG57 Dec 2007: *Atopic eczema in children*
- SIGN Guideline 125 2011: *Management of atopic eczema in primary care*