

EAR, NOSE, THROAT &amp; ALLERGY CENTER

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## ATOPIC DERMATITIS (ALLERGIC ECZEMA)

### GENERAL INFORMATION

- Eating foods that you are allergic to or have tested positive to induce a skin rash in 40% of children with eczema.
- Increased colonies of bacteria called staphylococcus aureus are present 90% of the time requiring an antibiotic ointment called Bactroban (Mupirocin) when "flare-ups" occur.
- Management of eczema or allergic dermatitis requires several steps: skin care, identification and elimination of triggers, anti-itching treatment and anti-inflammatory treatment.

#### **1. Skin Care**

You will need to maintain moisturized skin at all times. The following are methods to increase moisture of the skin:

- Soak in clean, warm water (bath, not showers)
- Avoid using soap at every bath. Use gentle, non-drying soaps such as Aveeno, Dove, Basis, Neutrogena or soaps with a neutral PH.
- Avoid bath oils
- Avoid scrub brushes and washcloths
- Pat dry after each bath
- While skin is still m moist, apply an emollient such as Aquaphor, Eucerine, Cetaphil or Neutrogena.
- Petroleum jelly, mineral oil or Crisco can be used if symptoms are severe.
- Wash clothes and bedding in gentle liquid detergent and add an extra rinse cycle.
- Avoid excessive heat and perspiration
- Avoid occlusive clothing. Strive for loose fitting cotton, silk or cotton blends
- Avoid sunburns

## 2. Avoidance of triggers

- Foods
- Pollens
- Chemicals

## 3. Treatment of itching

- Proper bathing and emollients may not be enough to prevent flare-ups.
- May need to add an antihistamine (non-sedating) such as Xyzal, Zyrtec, Allegra or Claritin.
- May need to add a sedating antihistamine at night such as Benadryl or hydroxyzine (Atarax).

## 4. Treatment of skin flare-ups

- Use a steroid ointment (not a cream or gel) to reduce itching and inflammation. Generally apply twice per day.
- Goal is to use the lowest strength possible to control symptoms.

### Low potency

Westcort 2%

Hydrocortisone 2.5%

### High potency

Diprolene .05%

Elacon 0.1%

- May start with a higher potency steroid for flare-ups or severe, persistent lesions.
- When symptoms have improved after two weeks or so step down to a lower potency ointment for 1-2 more weeks before stopping.
- Steroid therapy may be discontinued when flare-ups have resolved after tapering (continue hydration and emollient of skin).
- Consider twice weekly steroid maintenance if flare-ups continue.
- Consider use of additional ointments called Calcineurin inhibitors only if unresponsive to steroids.
  - Protopic .03% twice per day for moderate to severe symptoms if over the age of 2
  - Elidel 1% twice per day for mild to moderate symptoms if over the age of 2

- (Local burning sensation is common with these medications but usually resolve after 3 days)
- Consider addition of a Probiotic (lactobacillus) as some studies have shown benefits. (Usually available over the counter. Your Pharmacist can help you locate it.
- All flare-ups require adding an antibiotic ointment Bactroban (Mupirocin) twice per day for 2 weeks. (Make sure you treat the nose also).
- When rash leads to open, oozing sores:
  - Frequent baths (four per day) in clean, warm water
  - Add colloidal oatmeal to the bath water (about 3 tablespoons)
  - Avoid known triggers

### Summary of Atopic Dermatitis

**Mild Eczema:** Skin care and emollients; avoidance of triggers; consider a daily non-sedating antihistamine; consider a low potency steroid.

**Moderate Eczema:** Skin care and emollients; avoidance of triggers; daily non-sedating antihistamine; consider moderate to high potency steroid; consider antibiotic ointment.

**Severe Eczema:** Skin care and emollients; avoidance of triggers; daily non-sedating antihistamine; high potency steroid; Calcineurin inhibitor; antibiotic ointment.

**Maintenance:** Skin care and emollients and avoidance of triggers