

THE "INFO"-HALER



TAKE IN THE INFORMATION

An easy to understand, informative newsletter for our patients of all ages from the *Allergy & Asthma Associates of Michigan, P. C.*

ECZEMA

Dermatitis is an inflammation of the skin evidenced by itching, redness, and various skin lesions. There are two major types of dermatitis; contact and atopic. Contact dermatitis is inflammation and itching of the skin brought on by: contact with allergic or non-allergic chemical or plant substances in the environment. Allergic contacts are items such as cosmetics, hair dye, sunscreen, fur, leather, detergents, some metals in jewelry, poison ivy, etc. Non-allergic contacts are irritants such as harsh chemicals found in household cleaners, tobacco smoke, strong perfumes, pollutants etc. Atopic dermatitis is inflammation and itching of the skin of unknown cause, but usually occurring in individuals with inherently irritable skin. It is generally thought to be brought on by a true allergic reaction with a specific allergen causing symptoms in a previously sensitized individual. In about 70% of all cases, there is a family history of the disease. Eczema is actually the name for a group of symptoms that describe a skin condition which develops in people who are prone to allergies or asthma, rather than the name of an actual disease. Eczema has, however, come to be used interchangeably with atopic dermatitis.

Eczema is an allergic inflammatory condition of the skin. The skin is the largest organ in the human body, and one of the most common targets for allergies. In an allergic skin reaction (eczema) the capillaries of the skin dilate causing redness and swelling. Fluid escapes from the capillaries into the tissues. Papules and blisters form only to rupture and exude yellow, sticky material which dries to form crusts and scabs on the skin. Itching is generally very intense, and scratching often leads to infection. Regional lymph nodes may swell. Eczema has periods of exacerbation and remission.

Eczema usually begins in infants six to twelve months of age, and affects the cheeks, forehead, scalp, trunk, diaper area, and extensor surfaces of the extremities. During childhood and adolescence, the distribution shifts to the inner forearms, neck, hands, and feet. Eczema is less common in breast fed infants, but more common in all infants who are introduced to solid foods at two to three months of age. It occurs most frequently in well-nourished, fat babies whose general health is excellent. There is often seasonal variation in symptoms with eczema being worse in the dry, winter months. The severity of eczema tends to decrease after childhood, although increased skin sensitivity and occasional outbreaks of localized disease persist in most patients. Approximately 75% of affected children are free of symptoms by adolescence.

The tendency to develop eczema is inherited. Eczema tends to occur in individuals who have a personal or family history of allergic rhinitis, asthma, or eczema. The incidence of eczema in children is increasing and it is thought that between 4-10% of all children have eczema. If both parents have atopic allergies (genetically inherited allergies), their child has a 75% chance of developing similar symptoms. If one parent is affected, their child has a 50% chance. Infantile eczema occurs after birth and may be outgrown, only to be replaced by asthma and allergies. Blood IgE levels are usually elevated suggesting the presence of allergic disease.

Since eczema is due largely to allergic hypersensitivity, it is imperative to find factors that trigger the atopic dermatitis. Eczema is triggered when a specific allergen is either ingested or comes in contact with the skin. Good detective work is required on both the part of the patient (or parents) and the doctor. Eczema can be triggered by contact with specific allergens. Allergic individuals have confused immune systems that think harmless substances such as grass, trees, weeds, ragweed, molds, dust mites, cats, dogs, cockroaches, and certain foods are harmful to them.

and they produce 19E antibodies to defend themselves against these allergens. The 19B antibodies sit on mast cells located throughout the skin. When an individual comes in contact with a bothersome allergen, the 19B antibodies irritate the mast cells and cause them to release histamine and other chemicals which trigger an allergic reaction. In infants and young children, food products such as egg whites, cow's milk, wheat cereal, peanuts, tree nuts, fish, and oranges trigger many of the skin reactions, and it should be noted that symptoms typically appear hours or even days after a troublesome food is ingested, making the identification of the offending allergen very difficult. Respiratory allergens, pollens, detergents, various skin care products, and occupational exposure to food, plant, or chemical material are most often responsible for eczema in older individuals.

Anatomically and chemically, the skin of an infant differs from that of an adult. An infant's skin has a higher water and sodium content. A child with eczema has abnormally sensitive skin, which can easily be irritated by abrasion from towel drying or from contact with irritating fabrics such as wool. Other factors that may trigger skin reactions are cold, dry winter air, strong sunlight, excessive sweating, stress, tobacco smoke, and skin infections.

Treatment for eczema consists of good skin hygiene, avoiding triggers, treating exacerbations as they occur, and preventing complications. Baths should be taken daily in tepid water with non-scented soaps such as Dove, Cetaphil, Aveeno, or oatmeal baths. Immediately after the bath, gently pat the skin dry, then within three minutes apply moisturizing lotions and creams such as Cetaphil, Aveeno, Lubriderm, Eucerin, Keri-lotion, or petroleum jelly. Use these products frequently throughout the day, especially during the winter months, to lock in moisture. Use clear and perfume free laundry detergents and dryer sheets such as Tide free, Downy free, Bounce free, etc. and double rinse the clothes. Develop a treatment plan with the doctor, and know when to take prescribed medications such as antihistamines (Claritin, Zyrtec, Allegra, Clarinex, Benadryl to control allergic reaction), topical immunomodulators (Elidel, Protopic to decrease redness and itching), steroids (topical and systemic to reduce inflammation), sedatives (Atarax, Vistaril to control irritability and sleeplessness), and antibiotics (topical and systemic to treat infection). Use sunscreens that do not contain methoxycinnamate. Wear clothing that fits loosely and is made of cotton or silk. Keep finger and toe nails very short and clean to avoid infected skin scratches. Infants may need to wear cotton socks over their hands and feet to prevent scratching.

Eczema is a long term, chronic, inherited, skin condition subject to frequent acute exacerbations. It occurs in both sexes and all races. Treatment compliance is essential for successful management. Patient education is very important not only for the present, but also for future generations to come.

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