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## **Eczema (Atopic Dermatitis)**

Atopic dermatitis, also known as eczema, is a non-contagious, chronic, allergic skin rash that usually appears as reddened, inflamed, itchy, can be bumpy, patchy, and/or scaly, and can occasionally become moist and ooze. Itching associated with this condition is usually worse during the evening and at night. Approximately 80 percent of patients who develop atopic dermatitis will do so before the age of 5. It often occurs in infants and children who have allergies or a family history of allergies or eczema, and those with dry, pale skin.

Diaper rash is not usually atopic dermatitis. In infants and younger children, the condition usually presents on the face, neck, arms and/or legs. In older children, it commonly occurs on the hands, feet, face, crook of the elbow, or behind the knee. Several triggers of atopic dermatitis include foods, soaps, detergents, chemicals, air-borne allergens (pollen, dust mites), abrasive clothing, temperature changes, humidity, and stress.

Although there is no cure for atopic dermatitis, it generally can be controlled and will often go away after several months or years.

### **Instructions for the topical care of atopic dermatitis**

- Wet the skin for 5-10 minutes, twice daily, with tepid (luke-warm) water. Use a soap substitute, such as Cetaphil®, for washing.
- Towel off the beads of water and quickly apply the recommended steroid cream/ointment to wet skin twice daily. Apply the steroid only to the area(s) of dermatitis.
- Apply a lubricant (Eucerin® cream, Lubriderm®, Cetaphil® lotion, Aquaphor®, etc.) to the entire body immediately after the topical steroid. The lubricant may be applied over the steroid if the steroid is a cream. The lubricant should be applied while the skin is still wet to seal in the moisture.
- Reapply the lubricant as many times during the day as necessary if the skin appears dry.
- As the skin improves, continue to apply the lubricant at least twice per day. Decrease the topical steroid use to once a day, or less, as needed. You may also be able to switch to a less potent steroid.
- With further improvement, the frequency of the skin wetting and lubrication can be gradually decreased.

## **Treating severe itching**

- The use of diphenhydramine (Benadryl®) may decrease the sensation of itching. This is particularly important at night. One dose given 30-60 minutes before bedtime may be most effective. Consult your doctor as to the appropriate dose for your child.
- For crusted, oozing lesions antibiotics may be necessary. Talk with your doctor if this is or becomes a problem.

## **Instructions for wet dressings (only at the direction of physician)**

### Materials needed

- Prescription for moderately potent steroid ointment or cream
- Two pairs or more of cotton sleepers or mostly cotton sleepers or long johns
- Warm water in sink or basin

### Technique

- Apply the steroid cream or ointment to the affected areas
- Wet one pair of cotton sleepers in warm water; wring out until damp
- Place damp sleepers on child, then the dry sleepers over the damp ones
- Be certain the room is warm enough and child does not chill

### Duration of Treatment

- Use overnight for 5-10 nights
- For more severe cases, reapply steroid and re-dampen sleepers every 6 hours for 24 to 72 hours

### Sources:

“Eczema and Dermatitis” accessed 3/18/08 from [www.medem.com](http://www.medem.com)

“Atopic Dermatitis Facts” accessed 3/18/08 from [www.medem.com](http://www.medem.com)