

What are the signs of infection?

Infection is the commonest reason for a flare up of eczema.

- if the skin barrier is damaged, there is a risk of infections most commonly with the staphylococcus bacteria. This causes the skin to become **painful** and **weep** and there may be yellow **crusted** blisters / pustules (impetigo).
- topical antiseptics or bath antiseptics may help prevent infections. A course of antibiotic such as flucloxacillin may be required for up to 2 weeks.

Less commonly, but importantly, eczema may sometimes be infected with the **herpes cold sore virus**. The classical appearance is a crop of small blisters [photo]. Later there may be “punched-out” lesions about 2mm in size. A doctor should be consulted as soon as possible, certainly the same day, as there is a risk the virus may cause more general serious illness.



What about changing my child's diet?

Changes to the diet of growing children should not be taken lightly as they may reduce nutrition and lead to new or worsening of allergies. In children with more severe eczema **where a specific food consistently causes eczema to flare**, see your doctor for advice as to how dietary avoidance may be put in place. Support from dieticians is often required if foods such as dairy and wheat are avoided.

Where can I find more information on childhood eczema?

National Eczema Society	www.eczema.org
Patient UK	www.patient.co.uk/atopic-dermatitis-and-eczema.htm

How can I contact you if I need to?



Eczema [Atopic dermatitis]

Information for parents and carers

www.allergynorthwest.nhs.uk

What is eczema and what are the symptoms?

Eczema is an itchy red rash which comes and goes. In young children the face is commonly affected, while in older children it is the elbows, wrists, knees and ankles. One in five children in the UK are affected. It usually starts in the first year of life and often improves with time. Many will go on to suffer from asthma or hay fever. Immediate reactions to some foods, pollens and animal danders are more common. There may be a family history. Specific genetic factors e.g. filaggrin gene involved in maintaining skin barrier is found in 40% of children with severe eczema.

How is eczema diagnosed?

The diagnosis is made on the history and examination rather than tests. Some conditions may mimic eczema, for example scabies.

Is eczema due to allergy?

Eczema is due to a defect of the skin barrier which allows water to escape from the skin leading to skin dryness. Many factors (house dust mites, pet dander, pollen and occasionally foods especially cow's milk in young infants) can make the problem worse. Allergy tests are **not** helpful as they only test for immediate allergic reactions and not those delayed by many hours, as in eczema.

How is eczema in children managed?

Key is the regular use of moisturisers to help with the skin barrier. Steroid-containing ointments may be needed for flare ups or for more severe disease.

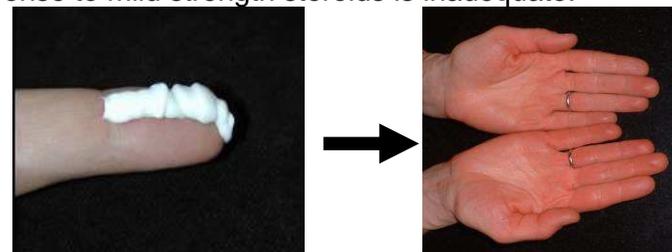
Moisturisers: The skin in children with eczema easily dries out. Soaps, bubble bath and normal shampoos may make this worse. Moisturisers help restore the natural skin barrier and reduce itching and scratching. They are safe and should be applied regularly even when the skin looks clear. **Ideally apply at least four times a day.** Ointments have less water than creams so act as a better barrier on the skin surface. Use the one your child is comfortable with. They can be used instead of shampoo in infants.

Garments / wraps: Your doctor may prescribe cotton garments to apply over emollients to protect against damage from scratching. Although wet wraps may help to control severe eczema, they can lead to skin infections.

Topical steroids or calcineurin inhibitors [e.g. tacrolimus]: These anti-inflammatory medications reduce redness and swelling and are very useful in treating flare-ups and more severe eczema. Apply steroid ointment to affected red / sore areas first and then leave 30 minutes before applying the moisturiser.

Although strong steroids used for a long time will cause thinning of the skin, mild steroids such as 1% hydrocortisone ointment can be used regularly long-term. Children requiring stronger steroids should regularly be reviewed by their doctor.

Tacrolimus is an alternative medicine that reduces inflammation. It is not a steroid so won't cause thinning of the skin. It is used by specialists if the response to mild strength steroids is inadequate.



A “finger-tip unit” of steroid or tacrolimus ointment is enough to cover an area of skin the size of **two outstretched hands of the person applying the treatment.**

What can I use if my child won't sleep well because of eczema?

Antihistamines [sedative type]:

- Antihistamines do not relieve the itch in eczema. Sedative antihistamines act to induce sleep.
- They should be avoided in children less than six months old and for long periods. As their effects can last for a day, they can affect a child's ability to concentrate at school.