

Blazer editorial September 2013

Eczema

Did you hear about the squid that got eczema? It was Kraken...

That might be funny, but having eczema isn't. Eczema is irritating, distracting and confidence-sapping at the best of times and makes life utterly miserable when severe. Affected children tell me that kids at school won't hold their hands as they have rough, sore-looking skin. They can't sleep at night because of the itching, and school work suffers.

Eczema is a skin condition that often runs in allergic type families, often with a family history of asthma and hay-fever. We call these families 'atopic' – they react to potential allergens more than most. Eczema is a mixture of intensely dry and inflammation, causing intense itch, scaliness, thickening and redness.

So, what are some tips for treating it?

Treatment is mainly 'topical' in that it consists of creams smeared on to affected areas or bath oils and washes. There's also a role for oral antihistamines, such as Piriton or Phenergan if your child is ripping at his skin every night.

Eczema creams fall mainly into two groups; those that soften the skin (emollients) and those that reduce the irritation in the skin (mainly steroids). Putting steroid on a dry skin makes the situation worse, so keeping your child's skin soft is crucial. I always ask parents to put the emollient on as many times a day as they can – literally 4-5 times a day. School age kids can take a tube of cream to school to apply. Greasy ointment type creams are best used at night, often with a special eczema babygro with minimal seams (try www.eczemaclotting.com), keeping lotions for day time use unless the dryness is very severe, in which case, a greasy but comfy child is best! Cool, humidified bedrooms reduce itch too.

We tend to like to rub creams in really well! Round and round and up and down. That's how we put on suntan lotion etc and it doesn't do the majority of us any harm at all. Children (and adults!) with eczema don't fare as well however. This is because skin is like fish scales. The 'scales' point down wards towards the fingers and toes. Rubbing dry skin scales up the wrong way by rubbing up and down, irritates the 'scales' and makes them stick up more, which results in dryer skin. Instead, stroke the cream firmly onto the skin, with downward strokes towards the feet or hands.

There's an order to putting on eczema creams which makes sense. Before a bath, aqueous cream, or another soap substitute should be smeared on, stroking downwards. It looks incredibly greasy, but will wash off beautifully. There are many recommended bath oils. After a warm (but not hot) bath, which opens up skin pores and helps creams sink in more easily, steroid cream should be applied in a thin layer on red inflamed parts only. The child then needs to run about for 15-20 minutes or so to let the steroid be absorbed. Putting on the emollient after the steroid means that the emollient doesn't dilute the steroid, spreading it over areas that don't need it.

Eczema that's poorly treated can cause permanent skin changes and loss of pigmentation. Avoiding steroids because of fear of thinning skin can do more damage than using the steroids. Sometimes, regular use of a moderate steroid for a week or so can really get on top of stubborn eczema rather than occasionally use or regular mild steroids.

Babies often get small slightly red patches of skin often in the crooks of elbows and back of knees that respond well to simple emollients. Steroids should be used with significant caution in the young, and either Paediatric or Dermatological advice sought if they are being considered. Importantly, babies in the first year of life with severe eczema have a very high chance of having a milk intolerance as a major cause of the eczema. Diagnosis and treatment of this by a Paediatrician has a far higher chance of success than trying to treat with eczema creams and lotions. I saw an 8 month old baby boy with reflux, and eczema so severe that he looked as if he had been burnt. Removing all lactose and cow's milk from his diet worked wonders, and he returned just a couple of weeks later a happy, settled thriving child with near perfect skin.

Going on from that, food allergies are controversial, and research can be flawed. The most commonly associated foods are cows milk, soya, eggs, and nuts, but skin-prick testing for allergy can be difficult and probably the best way is via specific blood tests.

Simple tips mainly, but they make all the difference to that infernal itch.