

Eczema

Atopic dermatitis (eczema) is a condition that makes your skin **red and itchy**. It's common in children but can occur at any age. Atopic dermatitis is **chronic** and tends to **flare periodically**. It may be **accompanied by asthma or hay fever**.

No cure has been found for atopic dermatitis. But treatments and self-care measures can **relieve itching and prevent new outbreaks**. For example, it helps to avoid harsh soaps, moisturize your skin regularly, and apply medicated creams or ointments.

Symptoms

Atopic dermatitis (eczema) signs and symptoms vary widely from person to person and include:

- **Dry skin**
- Itching, which may be severe, especially **at night**
- Red to brownish-gray patches, especially on the **hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees**, and in infants, the face and scalp
- Small, raised bumps, which may **leak fluid and crust** over when scratched
- **Thickened, cracked, scaly skin**
- **Raw, sensitive, swollen skin** from scratching

Atopic dermatitis most often **begins before age 5** and may persist into adolescence and adulthood. For some people, it flares periodically and then clears up for a time, even for several years.

Causes

Healthy skin helps retain moisture and protects you from bacteria, irritants and allergens. Eczema is related to a gene variation that affects the skin's ability to provide this protection. This allows your skin to be **affected by environmental factors, irritants and allergens**.

In some children, **food allergies** may play a role in causing eczema.

Risk factors

The primary risk factor for atopic dermatitis is having a **personal or family history** of eczema, allergies, hay fever or asthma.

Complications

Complications of atopic dermatitis (eczema) may include:

- **Asthma and hay fever.** Eczema sometimes precedes these conditions. More than half of young children with atopic dermatitis develop asthma and hay fever by age 13.
- **Chronic itchy, scaly skin.** A skin condition called neurodermatitis (lichen simplex chronicus) starts with a patch of itchy skin. You scratch the area, which makes it even itchier. Eventually, you may scratch simply out of habit. This condition can cause the affected skin to become **discolored, thick and leathery.**
- **Skin infections.** Repeated scratching that breaks the skin can cause open sores and cracks. These increase the risk of infection from **bacteria and viruses, including the herpes simplex virus.**
- **Irritant hand dermatitis.** This especially affects people whose work requires that their hands are often **wet and exposed to harsh soaps, detergents and disinfectants.**
- **Allergic contact dermatitis.** This condition is common in people with atopic dermatitis.
- **Sleep problems.** The itch-scratch cycle can cause poor sleep quality.

Prevention

The following tips may help prevent bouts of dermatitis (flares) and minimize the drying effects of bathing:

Moisturize your skin at least twice a day. Creams, ointments and lotions seal in moisture. Choose a product or products that work well for you. Using **petroleum jelly** on your baby's skin may help prevent development of atopic dermatitis.

Try to identify and avoid triggers that worsen the condition. Things that can worsen the skin reaction include **sweat, stress, obesity, soaps, detergents, dust and pollen.** Reduce your exposure to your triggers.

Infants and children may experience flares from **eating certain foods, including eggs, milk, soy and wheat.** Talk with your child's doctor about identifying potential food allergies.

Take shorter baths or showers. Limit your baths and showers to **10 to 15 minutes.** And use warm, rather than hot, water.

Take a bleach bath. The American Academy of Dermatology recommends

considering a **bleach bath to help prevent flares**. A diluted-bleach bath decreases bacteria on the skin and related infections. Add 1/2 cup (118 milliliters) of household bleach, not concentrated bleach, to a 40-gallon (151-liter) bathtub filled with warm water. Take a bleach bath **no more than twice a week**.

Use only gentle soaps. **Choose mild soaps**. Deodorant soaps and antibacterial soaps can remove more natural oils and dry your skin.

Diagnosis

No lab test is needed to identify atopic dermatitis (eczema). Your doctor will likely make a diagnosis by examining your skin and reviewing your medical history. He or she may also use patch testing or other tests to rule out other skin diseases or identify conditions that accompany your eczema.

If you suspect a certain food caused your child's rash, tell the doctor and ask about identifying potential food allergies.

Treatment

Atopic dermatitis **can be persistent**. You may need to try various treatments over months or years to control it. If regular moisturizing and other self-care steps don't help, your doctor may suggest one or more of the following treatments:

- Medications

Creams that control itching and help repair the skin. Your doctor may prescribe a **corticosteroid cream or ointment**. Apply it as directed, after you moisturize. Overuse of this drug may cause **side effects, including thinning skin**.

- Wet dressings

An effective, intensive treatment for severe atopic dermatitis involves wrapping the affected area with **topical corticosteroids and wet bandages**.

- Light therapy

This treatment is used for people who either don't get better with topical treatments or who rapidly flare again after treatment. The simplest form of light therapy (phototherapy) involves exposing the skin to controlled amounts of **natural sunlight**. Other forms use **artificial ultraviolet A (UVA) and narrow band ultraviolet B (UVB)** either alone or with medications. Though effective, long-term light therapy has **harmful**

effects, including premature skin aging and an increased risk of skin cancer. For these reasons, phototherapy is less commonly used in young children and not given to infants. Talk with your doctor about the pros and cons of light therapy.

Adopted from Mayo clinic