



DELAWARE MODERN PEDIATRICS, P. A.

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Eczema

Children often develop dry patches on their skin. Usually this is not due to food allergies, but is due simply to the skin drying out. In susceptible children, the dry skin becomes inflamed, thickened, and itchy. The child may worsen the rash by scratching. Dry indoor air, cold outdoor wind, and hot baths may also worsen eczema in winter.

For some children, there is a family tendency toward eczema. These children may have allergies themselves, or a family history of allergies. However, for most children no specific allergic cause of the eczema can be identified.

There are two parts to the treatment of eczema: **Prevention** of skin dryness, and **treatment** of the inflammation.

Prevention of skin dryness:

1. Keep the bath water lukewarm. Excessively hot bath water removes essential oils from the skin, causing dryness.
2. Keep bath time short (perhaps 5-10 minutes). If your child wants to play in the water, perhaps a large pot may be filled with water in the kitchen sink.
3. Soap, if used at all, should be a mild type such as a Dove® bar or a glycerin soap. Try to rinse most of the skin with clear water, except for essential areas (groin, armpits, hands and feet) that need soap.
4. Apply a fragrance-free moisturizing cream (such as Aquaphor®, Eucerin® or CeraVe®) 3 or 4 times a day, and especially just after a bath onto moist skin, and especially before going out in winter.

If the skin is sensitive, you may forestall further irritation by:

5. Avoiding fabric-softener sheets on the clothes.
6. Avoiding wool clothing.
7. Avoiding exposure to furry pets and the fur they may leave around, if an allergy is suspected.
8. Avoiding over-dressing. Excess sweating makes the eczema worse.

Treatment of the inflammation of eczema:

Over-the-counter 1% hydrocortisone cream or ointment may be applied to the dry patches, up to 3 times a day, for 5 days. This may be repeated whenever the eczema recurs. Or, we may give a prescription for a topical steroid. Topical antibiotics (such as Neosporin® or Bacitracin) can control secondary infections in the skin affected by eczema.

Benadryl® (diphenhydramine elixir, 12.5 mg/tsp) may be given to control the itch.

Unless we have given specific instructions otherwise, it is best to avoid more than occasional use of topical steroids on the face. However, do not be concerned about “overusing” low potency topical steroids. Permanent local damage to skin from overuse of low-potency steroids is actually quite unusual. Systemic absorption causing metabolic problems is also quite unusual. These difficulties generally result from very long use of much stronger preparations than we commonly prescribe. Under-treatment is much more common than over-treatment. (You must follow the medication’s instructions, however.)

Do not use steroid preparations continuously and daily for more than a week or two, unless we have instructed otherwise. But if the eczema clears up satisfactorily with a short course of topical steroid, and then recurs later, you may use the topical steroid repeatedly as often as needed to control the eczema. (If a few days’ use of the topical steroid does not clear up the eczema, contact us or schedule an appointment.)

Elidel® or Protopic® are non-steroid prescription creams for treatment of eczema. They can be very effective for children whose eczema is not controlled with steroid creams. They can sometimes cause irritation themselves. Rare serious side effects have been reported. We may suggest trying them if routine treatments are ineffective.

If eczema appears in infancy, it often clears up by the age of 3 years. If the eczema appears after the age of 3 years, it may recur for many years thereafter, especially around the same time each year.