ECZEMA

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INTRODUCTION

Eczema is a common skin condition encountered in general practice. It is a non-contagious inflammatory skin disease associated with pruritus. It begins as erythema with papules, vesicles or pustules and may develop into scales or crusts. Other clinical features include exudation, fissuring and lichenification. It can occur at any age and has a multifactorial basis, with exogenous and endogenous factors contributing to the problem. Common types of eczema include irritant contact, atopic, pompholyx and seborrheic eczema.

TYPICAL FEATURES OF ECZEMA

Atopic eczema

About 50% of patients develop it in their infancy, usually before 2 years of age. It is seen in individuals with a personal or family history of atopic diseases, i.e. atopic eczema, asthma and allergic rhinitis. In infants, it appears first on the face, scalp and napkin area, the extensor surfaces of the limbs and then the trunk. In young children, it tends to occur in the antecubital and popliteal fossae, wrists, ankles and the sides of the neck. Ninety percent of the children grow out of eczema by the age of eight.¹

Seborrheic eczema

In infants, it presents most commonly as cradle cap and a napkin eruption may spread to the neck, face, axillae and retro-auricular area. It usually remits before two years of age. Adult seborrheic eczema usually involve the hairy parts of the body, the flexures and the preternal and interscapular areas. It can affect the scalp, nasolabial folds, eyelids, beard area, retro-auricular and external meatus.

Contact dermatitis

It may result from irritants or true allergens. It may occur after even one or two exposures to primary irritants e.g. strong acids, chemical solvents or repeated exposures to cumulative irritants such as soaps, detergents and shampoos. Hands are usually affected first; starting from the finger webs to the dorsal part of hands, palms and the forehead.

Pompholyx

This is a hand and foot eczema with vesicle formation. It commonly affects the palms and soles and the sides of the fingers. When the eczema resolves, it can result in hyperkeratosis and fissuring.

Pigmentary changes can occur in dark skinned patients. Scratching induces more severe changes and there is no therapeutic manipulation that will clear the post inflammatory pigmentary abnormalities.

MANAGEMENT

When managing eczema, in addition to treating the disorder pharmacologically, one needs to look for the effects of the condition on the patient and others including the carers. It is important to have patient education and prevention to keep the condition at bay.

General management

There are a few general measures in managing eczema. One should avoid any known irritants e.g. nickel and soap which has a drying effect. Emollients such as the emulsifying ointment, aqueous cream, yellow or white soft paraffin and bath oils need to be used frequently and liberally to soften and rehydrate the cracked and