

## ATOPIC DERMATITIS

Atopic dermatitis is the most common chronic skin condition in infancy and childhood, affecting about 30% of children worldwide. It frequently occurs in families with other allergic illnesses, like allergic rhinitis and asthma. The skin acts as a protective barrier against irritants, moisture loss and infection. However, the skin in atopic dermatitis is severely dry due to a break or defect in the skin barrier, leading to more water loss, entry of allergens and microbes.

- 1. My 3-month-old baby had facial rash since 1 month of age. My physician said it was either seborrheic dermatitis or atopic dermatitis. How will you differentiate atopic dermatitis from seborrheic dermatitis?**

Atopic dermatitis, or eczema, results from a defect in the integrity of the skin and reduced skin immunity. This leads to severe itching, especially during the night. The rashes may be red and dry with scaling and thickening of the skin on the scalp, face and cheeks but, sparing the space between the cheeks and the nose (infancy phase); arm folds, back of knees, (childhood and adolescence phase); and elbows, knees, wrists (adult phase). In seborrheic dermatitis, the rashes are red, greasy or scaly often on the scalp and forehead, eyebrows, creases of the nose and ears (which helps to differentiate it from atopic dermatitis) and diaper areas (in infants) and scalp, face and front of the chest (in adults). The diaper area is usually spared in atopic dermatitis.

- 2. My friend's baby also has facial rash but was told that it was cow's milk allergy. Should this also be considered in my baby?**

Yes, this may be considered. About 30% of moderate to severe atopic dermatitis in children have food allergies. Cow's milk protein allergy is the most common food allergy in infancy. Aside from the rashes, it manifests as diarrhea, vomiting and gassiness. Symptoms clear in 1-3 weeks after elimination of cow's milk in the diet.

- 3. My 3-year-old child with frequent rashes has had no attacks for 1 year now. Does this mean that he has outgrown his atopic dermatitis?**

Spontaneous resolution of atopic dermatitis has been reported to occur after age 5 in about half of patients affected during infancy, particularly if it is mild. Some continue on until adolescence becoming less severe in more than half of patients. Children who have concomitant allergic rhinitis and asthma, a family

history of atopic dermatitis, early age of onset of atopic dermatitis and elevated allergy markers in the blood like IgE, may have a more severe form of atopic dermatitis, making it more difficult to treat.

- 4. My niece was diagnosed to have atopic dermatitis. My 3-month-old daughter also has rashes. Can this be atopic dermatitis? What are the symptoms of atopic dermatitis?**

If your daughter has rashes on the cheeks and neck, is always irritable, scratching her face, has disturbed sleep which may be signs of itchiness, and if there is a family history of allergic diseases, then we may suspect atopic dermatitis. It is best to bring your daughter to a specialist to confirm and best manage the skin condition.

- 5. My daughter loves to play with her cousin who frequently has rashes and scratches a lot. Her mom said that she has atopic dermatitis according to their pediatrician. Should I be concerned that my daughter might get it too? Is atopic dermatitis contagious?**

No, atopic dermatitis is not contagious. It is an inherited disorder that results in a damaged skin barrier and reduced skin responses leading to chronic skin inflammation and thickening. If both parents have atopic diseases, the chances that the child will have atopic dermatitis will be higher than if only one parent has atopic diseases.

- 6. My 4-month-old baby was diagnosed with atopic dermatitis since she was 2-months-old. She is frequently irritable and hard to console. She seems to be rubbing her cheeks a lot even when she is sleeping. Is there anything that I can give to her for this? What triggers these attacks and can these be prevented?**

Atopic dermatitis can occur at a very young age. This is called infantile atopic dermatitis. Aside from the recurring rashes, the most prominent feature of this condition is severe itching.

Your physician can give you treatment options for the itchiness.

One common trigger for atopic dermatitis are irritants like soaps or detergents, chemicals, smoke, rough clothing and extremely hot or cold temperature. It can also be triggered by food like eggs, milk, peanuts, wheat and soy. Atopic dermatitis attacks can also occur after inhalation and skin exposure to airborne allergens like fungi, dust mites, pollens and pets. Infections, whether bacterial, viral or fungal, can also provoke atopic dermatitis attacks.

Identification and avoidance of these triggers will minimize occurrences of such attacks.

**7. My mother said that I had atopic dermatitis while growing up. I know that it can be inherited and therefore, it is possible that my baby will develop the same condition. Is there a way to prevent it from happening to my child?**

It is recommended that babies be exclusively breastfed for 6 months to reduce the incidence and severity of atopic dermatitis. If for some reason, the baby cannot be breastfed, recent studies show that the addition of probiotics and prebiotics to the milk formula may be beneficial.

Early introduction of food is also being advocated. For long term prevention, studies have shown that for infants with allergies, early introduction of food at 4 months of age will help prevent future reaction to these potentially allergy-causing foods.

Moisturizers applied to the whole body during infancy may enhance the skin barrier and reduce the risk of atopic dermatitis. It is also recommended to moisturize the skin at least 2x a day and to use mild soaps to prevent outbreaks as well as to relieve itching.

**8. Can I use regular baby soap and lotion for my son who has atopic dermatitis? Are there special bathing techniques/procedures that I need to follow? Will the use of essential oils or aromatherapy help?**

No, your son cannot use regular baby soap and lotion if he has atopic dermatitis. Patients with atopic dermatitis have poor skin protection function mainly due to an abnormally dry skin, hence, the mainstay of treatment is skin hydration. Moisturizers with higher oil content such as creams and lotions work better in keeping the skin well hydrated. It should be fragrance-free and dye-free.

Remember that each skin type is different, such that what works well for one child may not be effective for yours. Also, since the condition of your baby's skin will change as he ages, the moisturizer that worked before may not work now. It is important to continuously monitor your child's response to his current regimen.

The use of both lukewarm water (cold water may also be used) during baths and mild, unscented skin cleansers followed by moisturizers provide relief of symptoms. Limiting baths for 10-15 minutes is recommended since prolonged bathing dries up the skin due to over washing of the skin's natural moisturizing factors. Moisturizers should be applied all over the skin within 3 minutes after bathing to trap the moisture in before it evaporates from the skin.

There are still no studies to support the use of essential oils and aromatherapy in the treatment of atopic dermatitis.

- 9. My 4-month-old baby was diagnosed with atopic dermatitis since she was 2 months old. She is frequently irritable and hard to console. For the past 2 weeks, she seems to be rubbing her cheeks even when she is sleeping. Is there anything that I can give to her for this?**

Atopic dermatitis can occur at a very young age. This is called infantile atopic dermatitis. Aside from the recurring rashes, the most prominent feature of this condition is severe itching. A dry skin, which is characteristic of atopic dermatitis, is an itchy skin so moisturizers will help to alleviate itchiness.

Please consult your pediatrician for the best treatment option.

- 10. Is it safe for my child to go swimming either in a pool or beach? My friends say that sea water will help treat his atopic dermatitis. Is this true?**

Swimming is not prohibited in people with atopic dermatitis. However, there is no evidence that sea water is beneficial. But during flare ups, it is best not to allow the patient to swim in the pool or beach as this may worsen eczema symptoms.

**11. I noticed that my child with atopic dermatitis responds well to topical steroids. Can I use it repeatedly? Is it safe for prolonged use?**

Topical corticosteroids have a role in the management of atopic dermatitis. However, it can be absorbed in the skin with repeated and prolonged use. In young infants whose skin are thinner, the absorption may be greater and cause adverse effects if not used properly. Always consult your doctor to be guided accordingly.

**12. Since atopic dermatitis can be outgrown, is it alright if I don't treat my daughter who was diagnosed with this condition?**

Since there are defects in the child's skin barrier due to her atopic dermatitis, microorganisms can easily invade her skin leading to infections, making it more difficult to treat. In addition, the constant itchiness which leads to disturbance in sleep and routine activities will negatively affect her overall development.

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