

In his regular series clinical editor PAUL LAMBDEN provides easy to read skill-ups on key clinical areas. **This month:**

eczema

Paul Lambden

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Eczema (Greek), or dermatitis (Latin), is the name given to a group of diseases which cause persistent skin changes which may include redness, dryness, scaling, flaking, cracking, irritation, crusting, weeping and bleeding and sometimes the formation of blisters. There are many different types of eczema and the parts of the body affected vary from type to type. Though eczema is often not serious, its appearance may be very distressing and the conditions are a frequent cause of surgery attendance.

Eczema may be classified according to its cause (e.g. varicose eczema), its appearance (e.g. pompholyx eczema) or its location (e.g. hand eczema). There are a number of types of eczema that present commonly to the GP.

Atopic eczema (or infantile eczema) commonly affects the head and neck, inside of the elbows and behind the knees although any area may be involved. There is usually a family history of asthma or hay fever. Parents are often distressed by the appearance and the child may be fractious because of the itching.

Contact dermatitis is caused either by allergy to such things as nickel in jewellery or irritant as a result of the use of chemicals such as detergents.

Seborrhoeic dermatitis (cradle cap in infants) causes scaling and flaking of the skin of the scalp, eyebrows, face and sometimes the chest. In infants the scalp may be severely affected causing a thick, yellow, crusty or greasy area. There are many other sorts of dermatitis, the cause of many of which is unknown or uncertain. Pompholyx eczema causes a blistering rash on the palms and soles, discoid eczema produces intermittent circular dry or weepy lesions often on the lower legs and varicose (gravitational) eczema develops as a consequence of varicose veins and is a consequence of blood stasis (and predisposes to ulcers). Some forms of eczema may be associated with systemic diseases, a response to infections with parasites, fungi, bacteria or viruses, or skin damage through repeated scratching.

Treatments are many and varied and are sometimes disappointing in their success. Many types of eczema are self-limiting and settle spontaneously. Other types need very vigorous therapy. Once the diagnosis is made, avoidance of irritants (which may either be the result of skin contact or ingestion) may result in the skin changes resolving. In other cases a simple moisturiser applied to the dry and scaly areas may promote skin healing and relief of symptoms through an emollient effect. Such treatments may come as creams (water based), ointments (oil based) or lotions and also as bath preparations. The type chosen may depend on the degree of greasiness, the location and thickness of the skin lesions.

Eczema is often treated with cortico-steroid creams and ointments. They are not a cure for eczema but are often very effective at suppressing and controlling the condition. The different types vary in potency and the principle of treatment is to use the least potent effective formulation. They should be used for as short a time as possible because prolonged use may lead to side effects which may appear locally where applied (thinning of the skin which may appear parchment-like) or generally and potentially serious (as a result of absorption of the steroid resulting in suppression of the adrenal glands). Only the most mild steroids (such as hydrocortisone 0.5 per cent) should normally be used on the face and then only for short periods.

Newer agents called immunomodulators (such as tacrolimus) are being used by hospital dermatologists and are effective. There is believed to be a



very small risk of skin or lymph node cancer as a result of these agents and it is important to monitor their use.

Other treatments include the use of oral anti-histamines to control irritation (and therefore to reduce scratching) and also of anti-infective agents to treat infections that might be associated with, or the cause or consequence of the eczema. Antibiotics may be given topically in creams or ointments, either alone or combined with a topical steroid, or may be administered systemically in more severe cases. Anti-fungal drugs may also be applied to affected areas where fungal infection is implicated.

Light therapy, dietary and nutritional changes and environmental change (such as better cleaning) are also employed. There is a host of alternative therapies.

Eczema is common, widespread and may be distressing and, as some types have undoubtedly increased over recent years, it will continue to keep doctors' surgeries busy. █