

DRY SKIN AND ECZEMA

Many infants and children have skin which becomes dry or irritated easily. The term “eczema” or “atopic dermatitis” is often used to describe this condition.

TREATMENT

Avoid Irritants

- Harsh soaps – Only a very small amount of soap is necessary for cleansing. Mild soaps like Dove, Tone, Neutrogena, Basis, or Purpose or soap-free cleanser like Cetaphil are best.
- Chemicals such as fabric softeners (especially dryer sheets) can aggravate eczema.
- Certain fabrics such as wool are irritating and should be avoided. Cotton or synthetics are better choices.
- Low air humidity accentuates moisture loss from the skin. Eczema is often better in the summer because of this. Room humidifiers may help.
- Sunburn is particularly bad for skin with eczema and should be carefully avoided.
- Bathing – In the past, bathing was thought to worsen eczema. More recent information shows just the opposite. Baths remove dirt and bacteria from the skin and increase skin moisture provided that:
 - * the bath water is not too hot.
 - * little or no soap is used
(bath oil, mild soap like Dove or soap substitutes like Cetaphil are OK)
 - * lubricants are applied as soon as possible after the bath, when the skin is still damp – within about 3 minutes of toweling.

We may also recommend a “wet wrap” routine for your child’s skin when severely inflamed.

- Lubrication – Unscented ointments such as Vaseline and AquaPhor work well but are greasy. Creams such as Eucerin are a suitable alternative but lotions are usually avoided because they contain alcohol which may sting and further dry the skin.
- Antihistamines – It is critical to break the itch-scratch cycle. Oral medications such as Benadryl or Atarax are very useful, especially at bedtime.

- Cortisone – This medication is applied to the skin when irritation or redness is present. Many strengths are available. Low-strength creams are safe in small amounts once a day for weeks at a time. Ointment forms are stronger and are used for more severe rashes and areas with thick skin. Lubricants should be applied over the cortisone, and once the inflammation is calmed, the cortisone is stopped while the lubricant is continued. Cortisone should not be used for chicken pox or “cold sores.”
- Non-cortisone creams - Protopic and Elidel are prescription creams used to control the inflammation of eczema. These medications are not steroids; instead they work directly on the cells in the skin that cause the inflammation.
- Antibiotics – Children with eczema are easily infected by staph bacteria. This appears as weepy or extraordinarily irritated skin which does not respond to lubrication, irritant avoidance, antihistamine, and cortisone. Medication to kill staph will help. Antibacterial cleansers (for children over 6 months in age) can help prevent this (Cetaphil, Lever 2000).
- Dietary changes – A small percentage of children who fail to improve with the above measures will respond to dietary changes. Testing for food allergies is usually not necessary. Instead, an “elimination trial” is used to look for improvement. Eggs, milk, and peanuts are responsible for most food related eczema.

Children with eczema should be careful to avoid contact with persons infected with herpes viruses such as cold sores and chicken pox. The chicken pox vaccine is especially important for children with eczema. If your child comes down with chicken pox, an anti-viral drug (Zovirax) can help but should be prescribed within the first 24 hours.

Although there is no “cure” for eczema, it can be controlled. Your pediatrician can help you and your child find a treatment plan that works well. In time, most children outgrow eczema with only occasional flare-ups.