Eczema

Eczema

Is a pattern of cutaneous inflammatory response characterized *clinically* by : itching , redness , weeping in its acute form and by : dryness , lichenfication in its chronic form and characterized : *histologically* by

.lymphocytic infiltrate -1

. spongiosis (intercellular edema) -2

.varying degrees of acanthosis (increased thickness of epidermal layer) -3

.

: Classification

: **Endogenous** (constitutional type) -1

a- atopic eczema (dermatitis)

b- seborrhoeic eczema (dermatitis)

c- discoid eczema

d- pompholyx

e- stasis eczema

:**Exogenous** eczema (contact dermatitis) -2

a- irritant contact dermatitis

b- allergic contact dermatitis

: **Unclassified** -3

a- neurodermatitis (lichen simplex chronicus)

b- juvenial planter dermatosis

Atopic Dermatitis (Eczema)

: **Atopy**: is a genetically determined disorder in which

.there is increased liability to form IgE antibodies-1

there is an increased tendency to have : asthma , hay fever & atopic-2 dermatitis

: Prevalence

. of the population are affected 10-20%

:Aetiology

.Definite aetiology are not well determined -1

AD patients usually have high level of IgE antibodies to (house dust mites -2)

foods clearly exacerbate symptoms in some atopic patients especially -3

. children . Eggs , nuts ,cows milk represent 75% of positive food allergies

. exacerbation also occurs after : immunization , viral infections ,in winter -4

worsening factors : a- cloths irritation -5

b- allergens of air

c -excessive washing

d- excessive rubbing

: Clinical stages

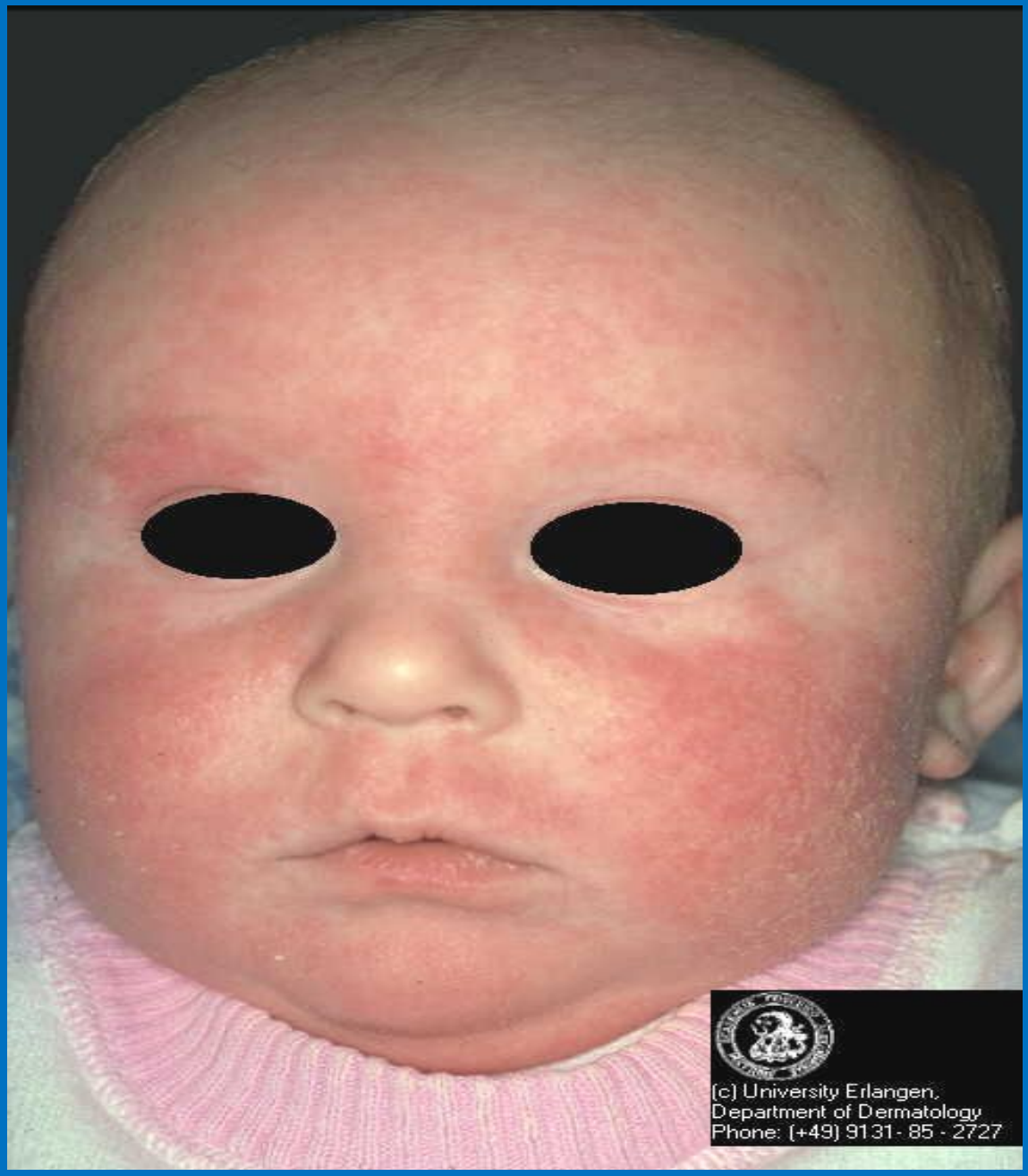
: AD pass into clinicohistological evolution from -1
acute eczematous eruption in early life into
. chronic lichenified dermatitis in older patients
: AD can be divided into 3 stages (according to the onset) - 2
a- infantile AD 2 mns - 2 yrs
b- childhood AD 2 yrs - 12 yrs
c- adolescent and adult onset AD

: Clinical features

in infancy presented (mostly after 2 mns of age)as itchy , *•
erythema of cheeks , in these patches ,fine vesicles develop, rupture
.and produce moist crusted areas (i.e. acute moist lesions)
Other sites : scalp, neck, extensor extremities , but diaper area •
. spared

in childhood AD , usually less exudative , drier , slightly scaly plaques *
involving : eyelids and face , antecubital fossae , popliteal fossae

adult AD : localized erythematous scaly papulovesicular plaques or *
. chronic lichenified plaques, involving same sites of childhood AD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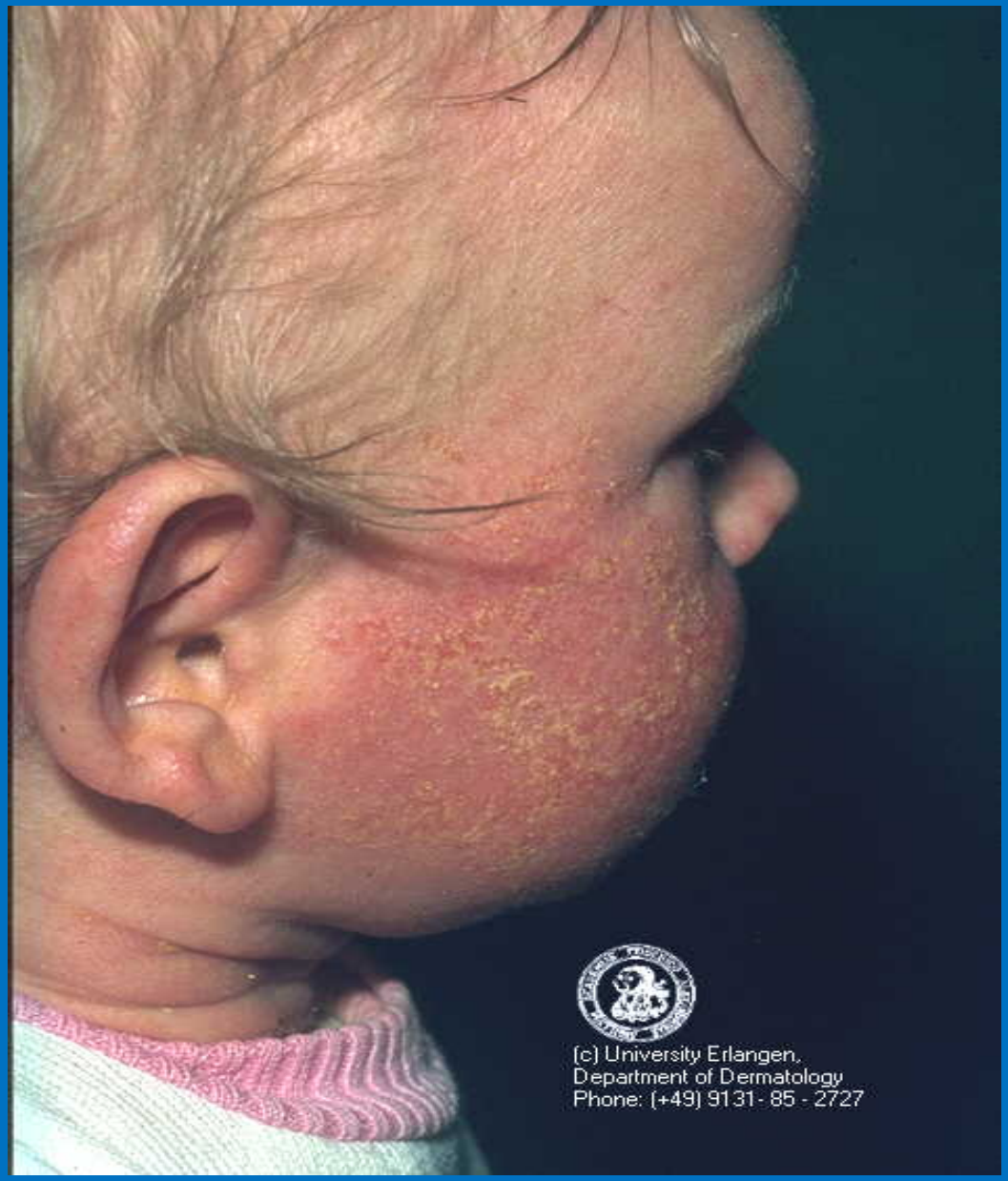
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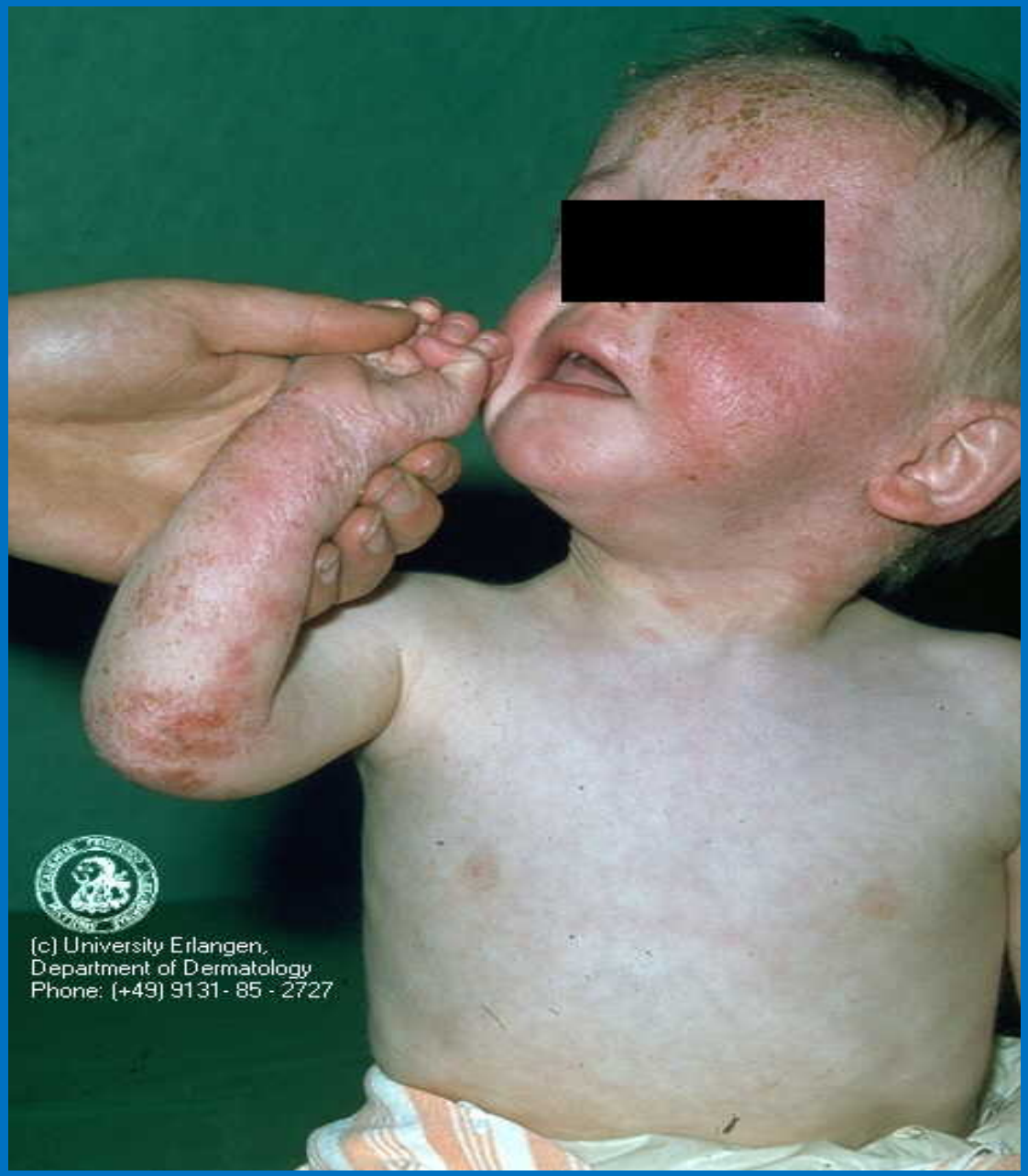
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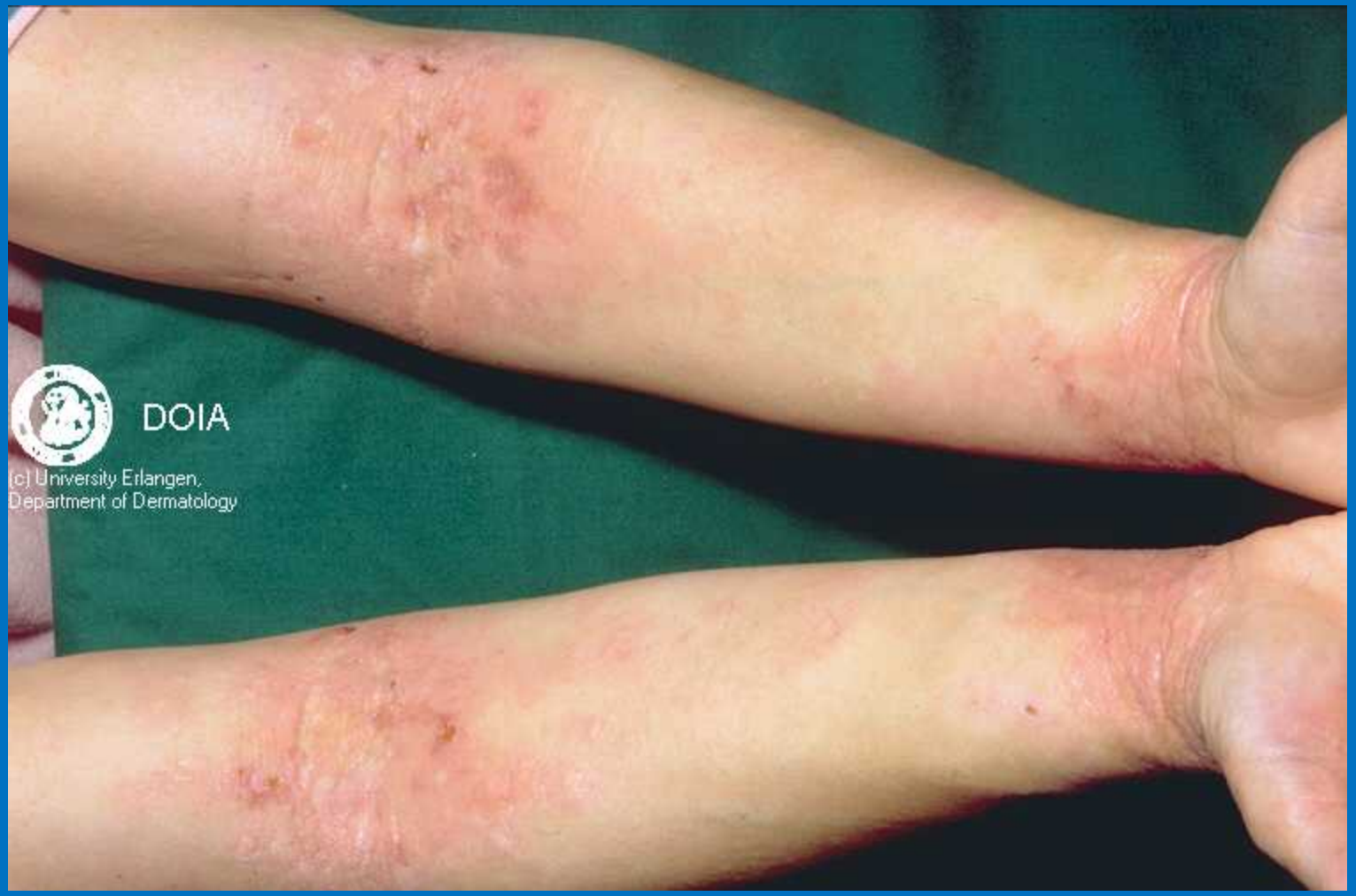
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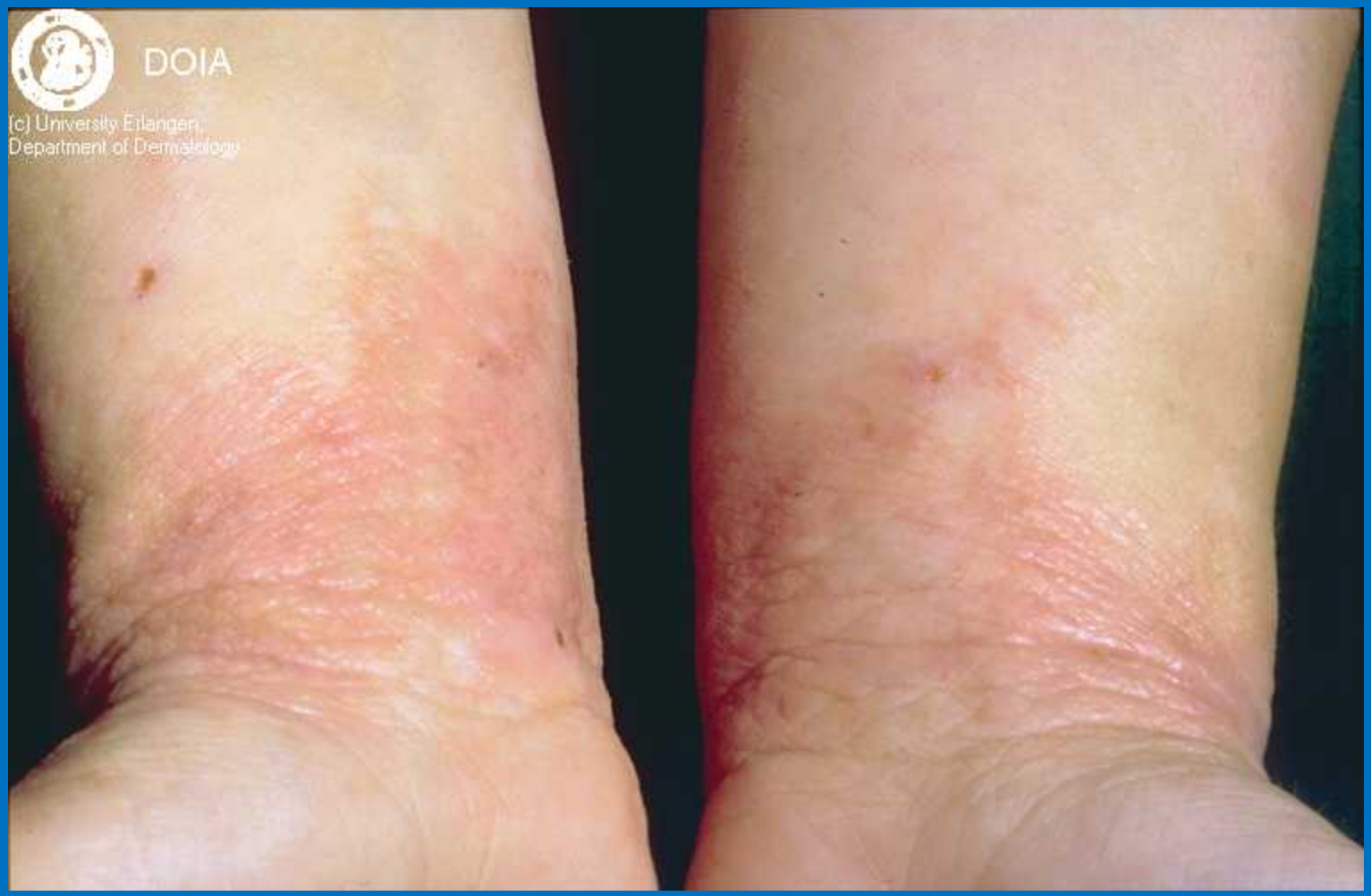
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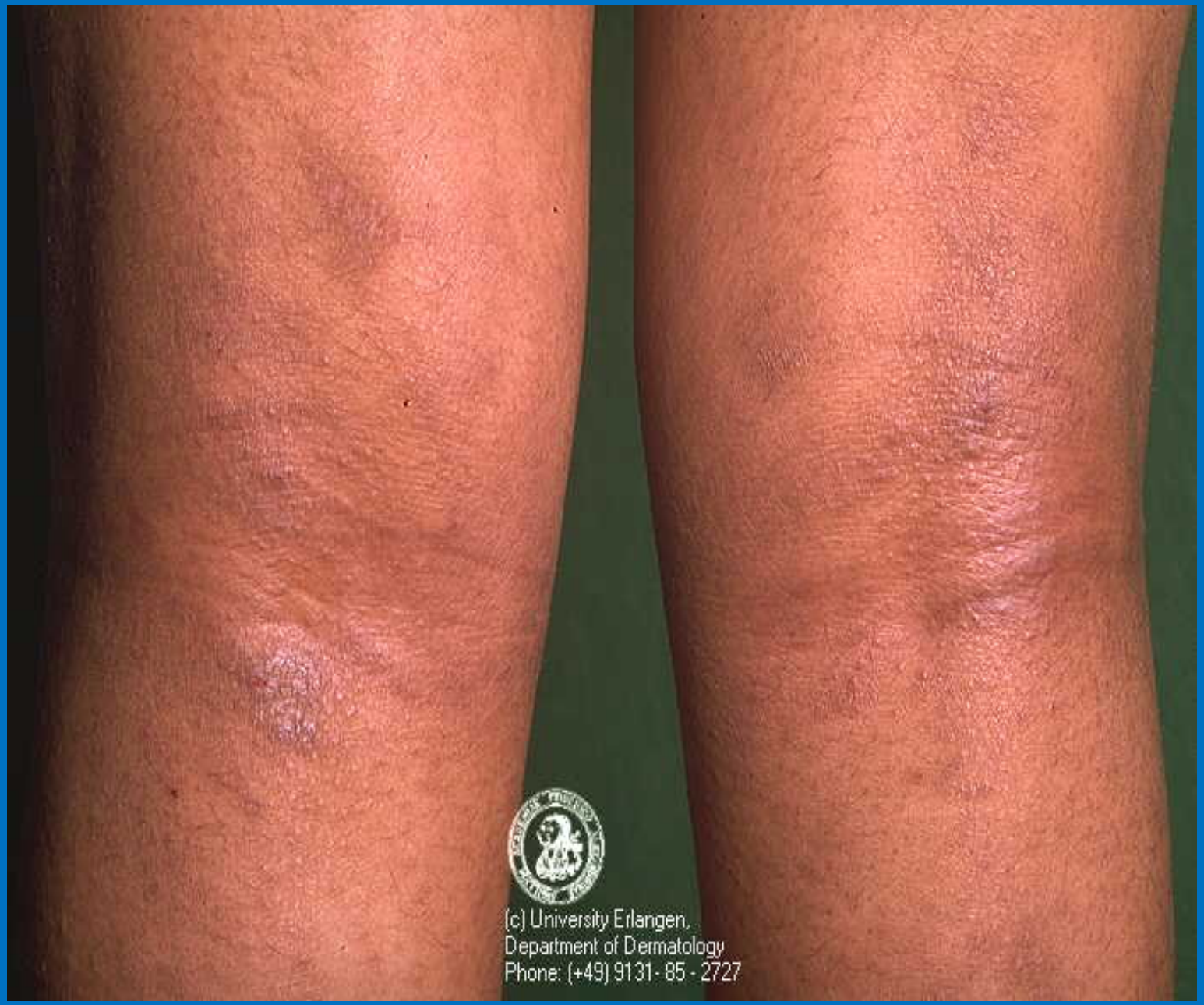
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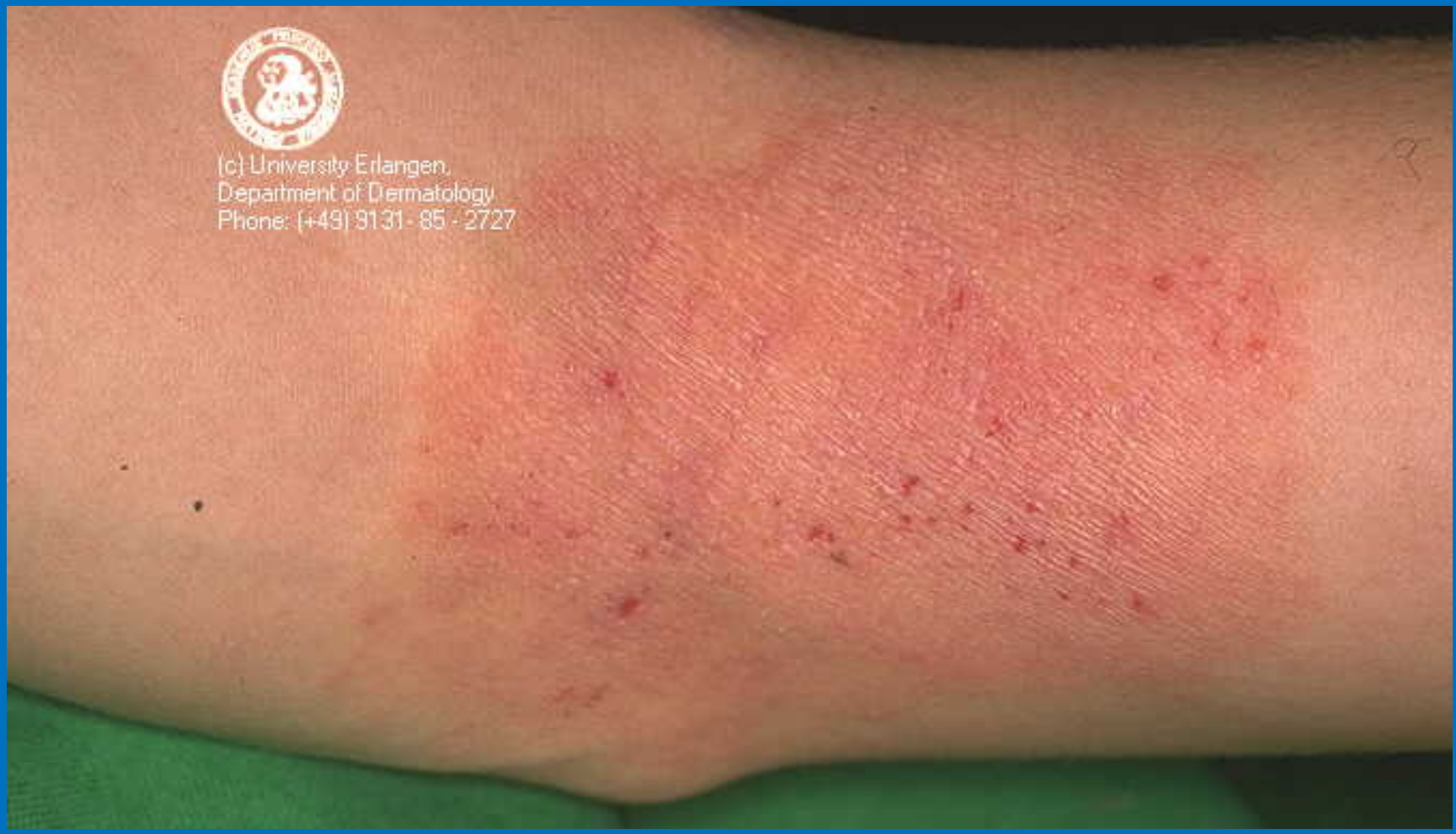
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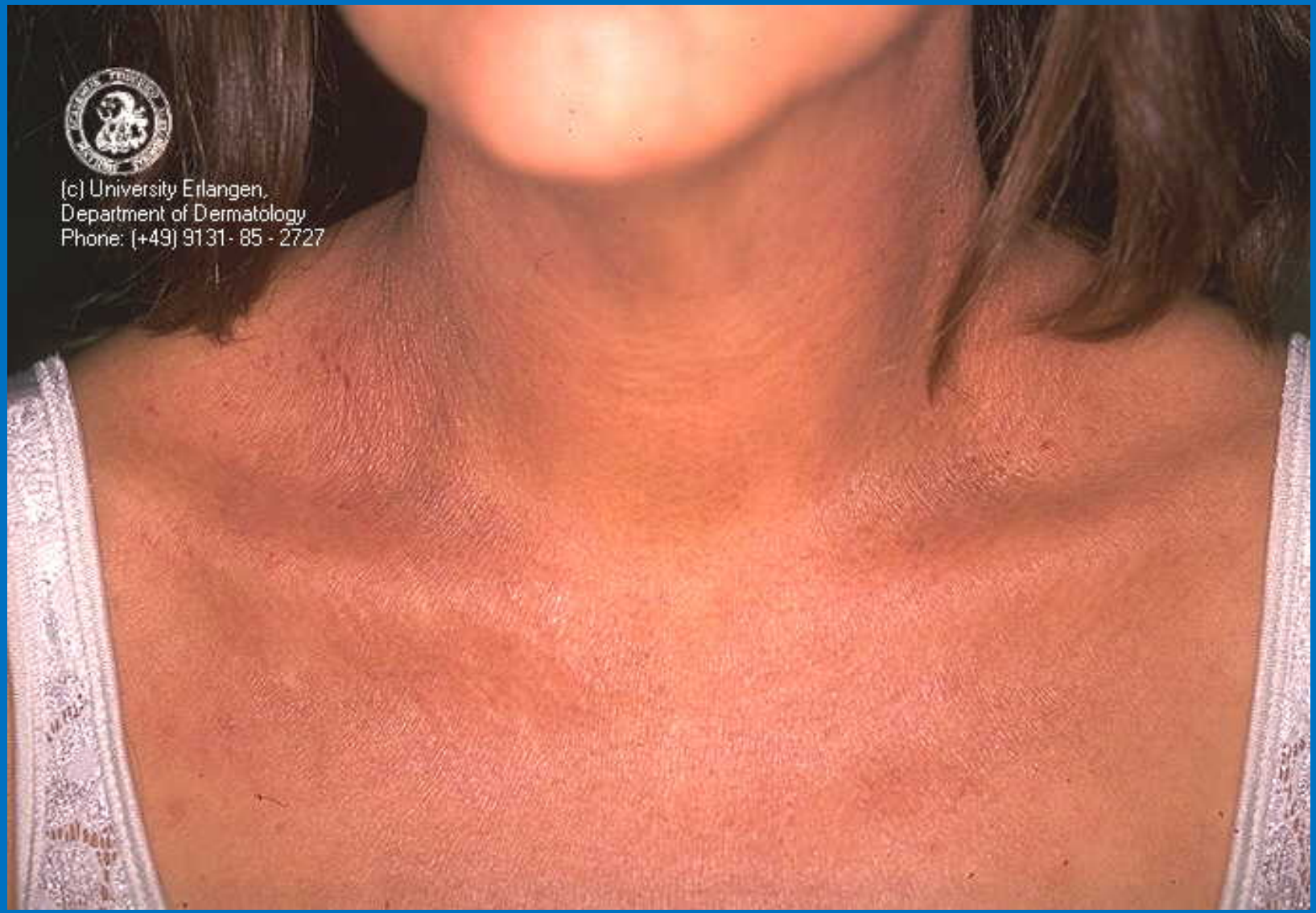
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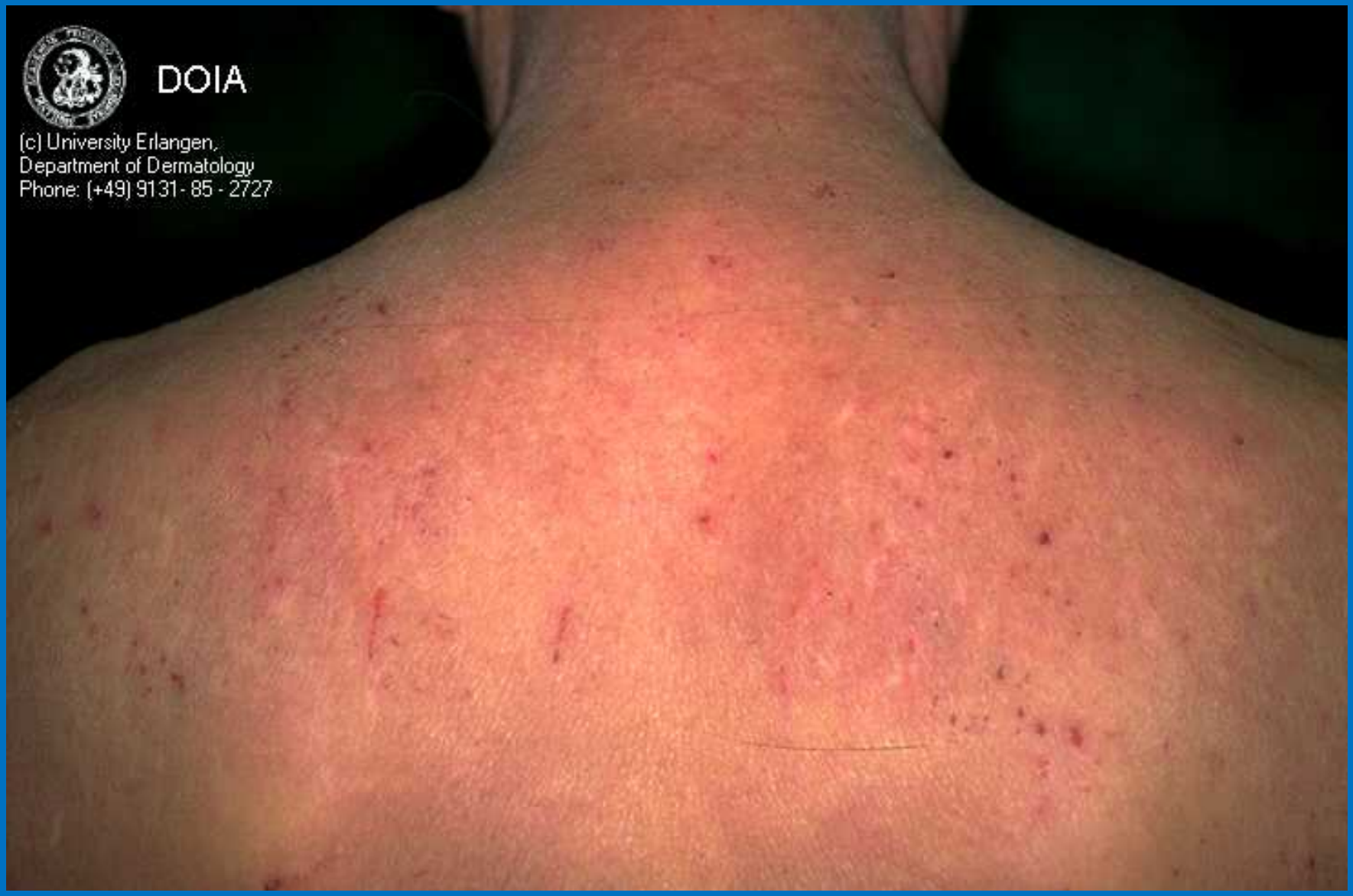
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: Diagnosis

: It is based on major and minor criteria and the diagnosis must be

majors + 3 minors 3

:Major criteria

pruritus -1

: typical morphology & distribution -2

. a- flexural lichenification in children and adults

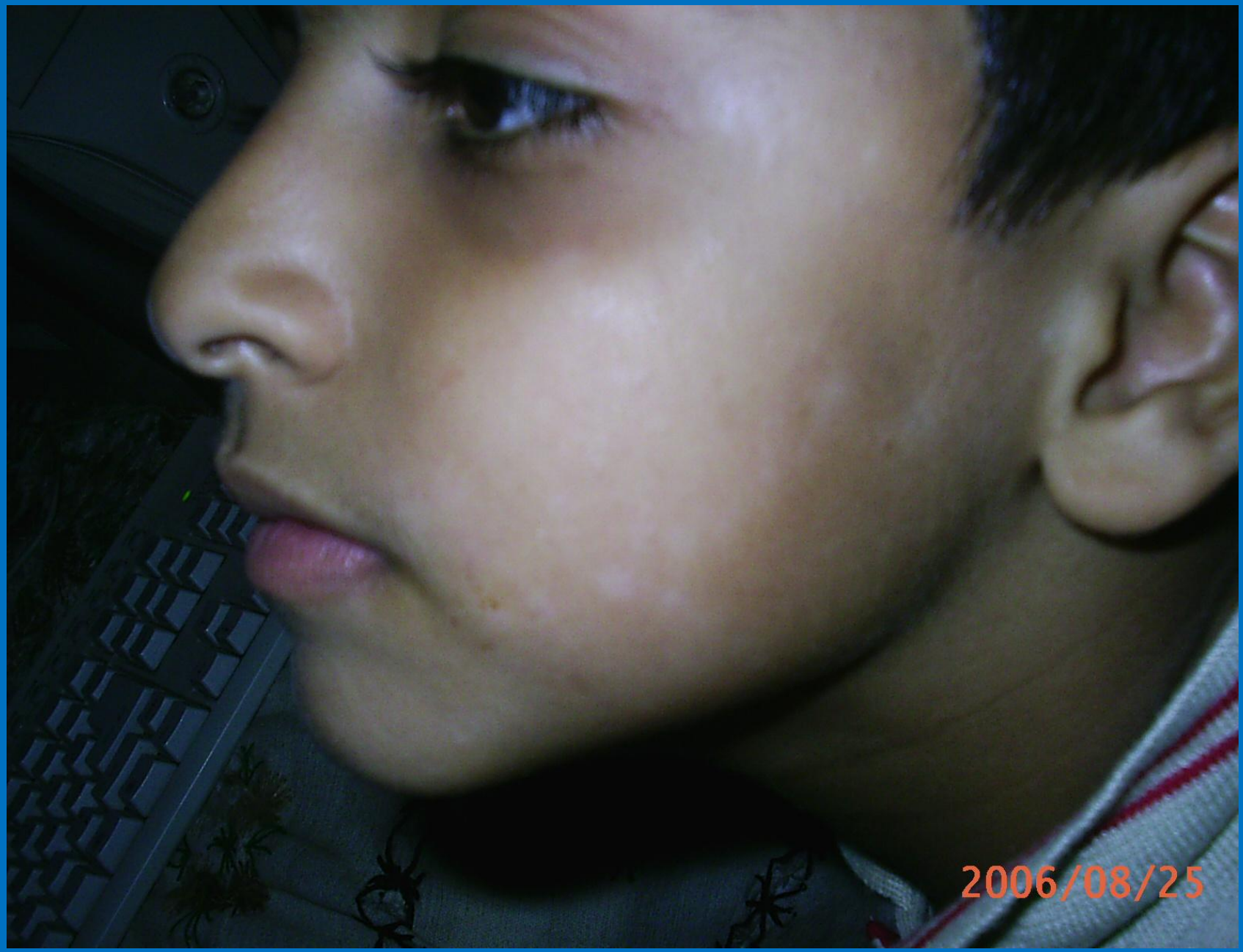
. b- facial & extensor involvement in infancy

. chronic or chronically relapsing dermatitis -3

personal or family history of atopic disease (asthma , alleric -4
rhinitis , atopic dermatitis)

: Minor criteria

xerosis (dryness) -1
hyperlinear palms -2
increased serum IgE -3
tendency for cutaneous infection especially -4
.(staph.aureus & HSV)
tendency for non specific hand /foot dermatitis -5
chelitis (inflammation of lips) -6
Dennie-Morgan infraorbital folds (> 2 folds) -7
orbital darkening -8
facial pallor -9
pityriasis alba -10
perifollicular accentuation -11
post auricular fissuring -12
Hertoghe sign (thinning of lateral part of -13
eyebrows)
white dermographism -14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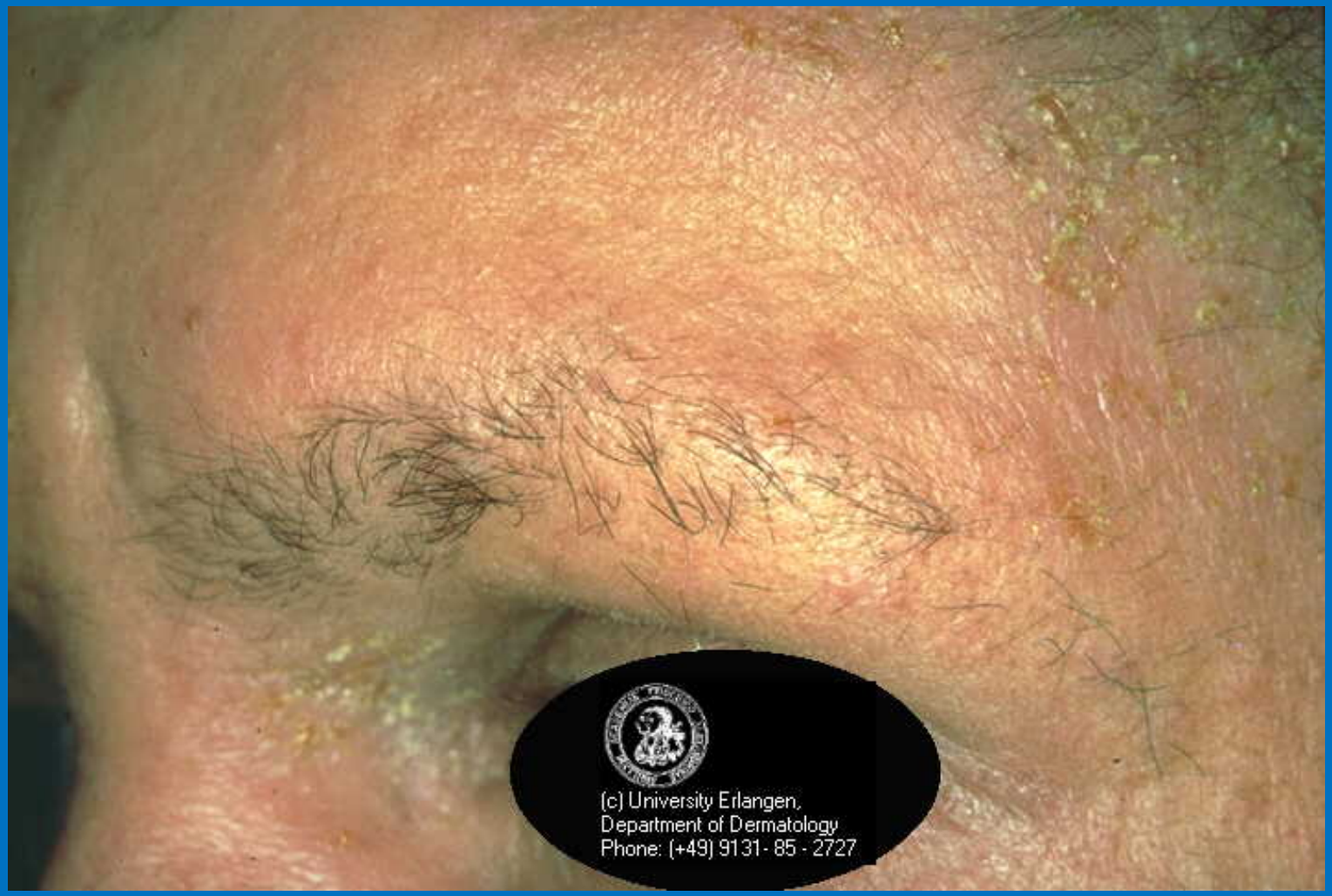
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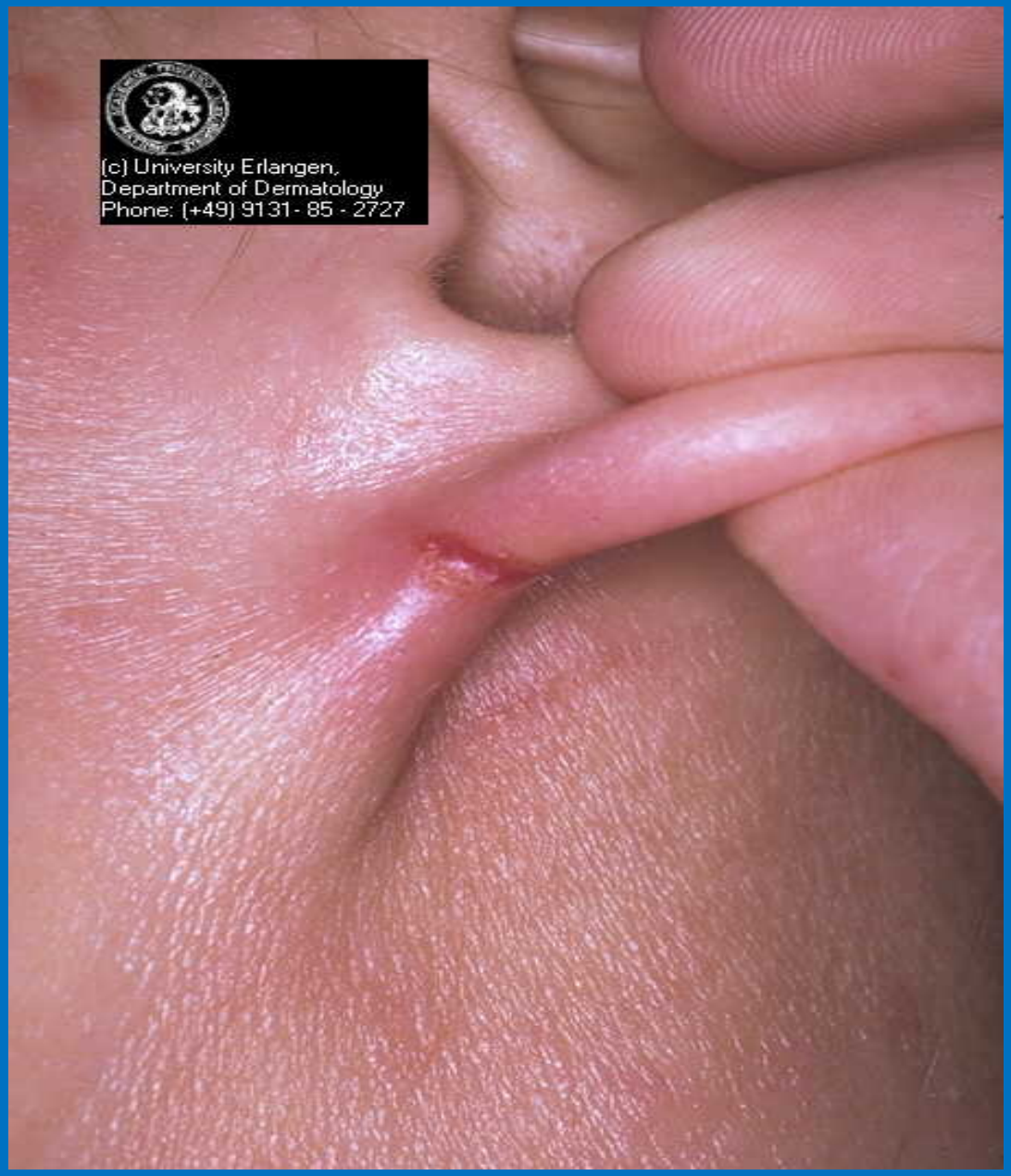
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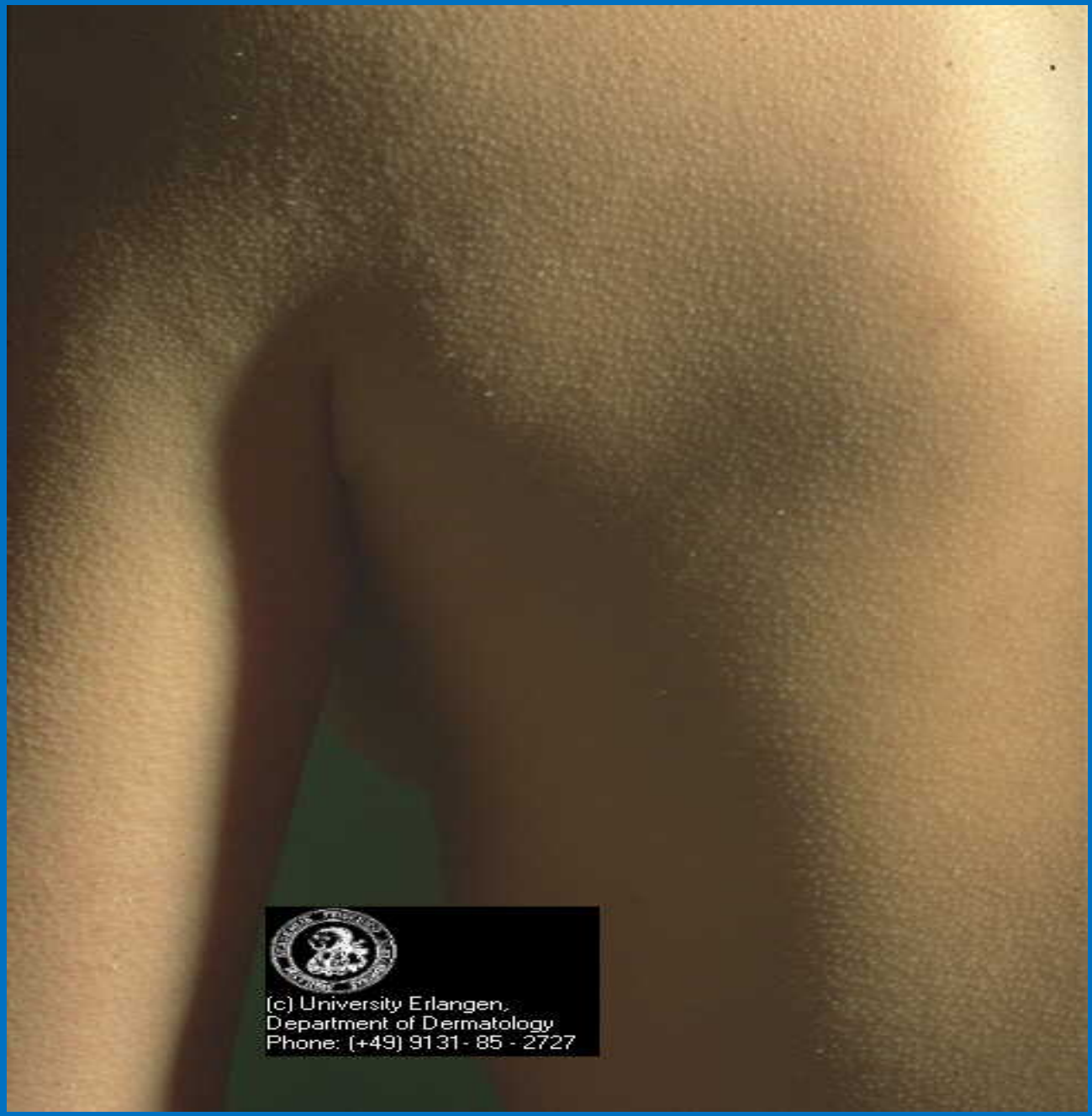
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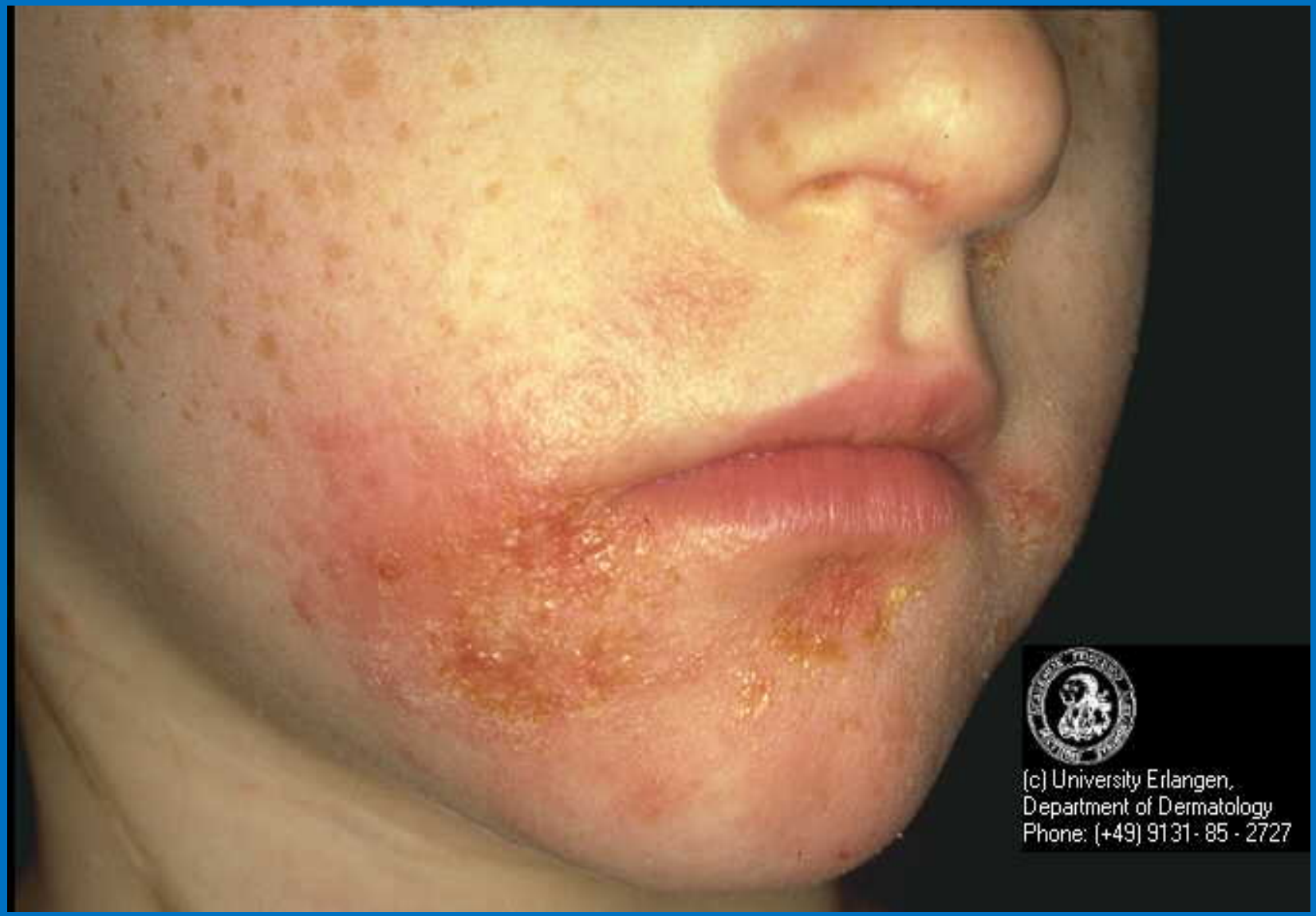
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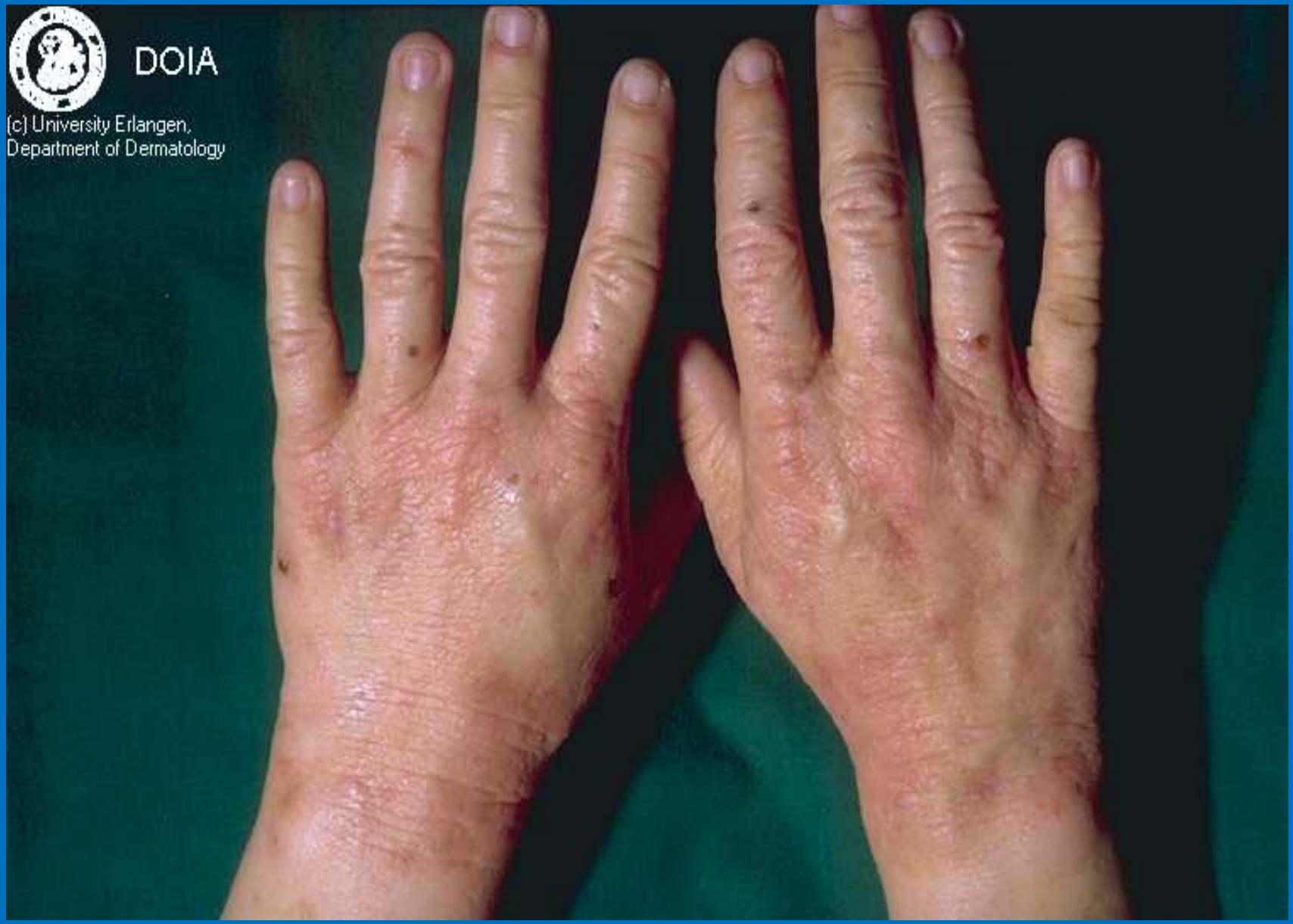
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:Immunopathology of AD

.It is a T-helper type (Th2 dominance) in tissues*
Th2 produce IL4 , 5 ,10

IL4 leads to elevated IgE & oesinophilia in tissues &peripheral*
. blood

IL10 will inhibit cellular immunity *

.So , there is tendency towards humeral immunity •

Langerhans cells in skin (Ag presenting cell in skin) are *
abnormal (directly stimulate Th cells without Ag in the way of
Th2 phenotype)

:Differential Diagnosis

Infantile AD should be differentiated from seborrhoeic dermatitis in infancy : because of similar presentations .However , it can be differentiated by

Atopic Dermatitis	Seborrhoeic Dermatitis
age of onset : after 2 months -1 : .Hx and exam -2 infant is irritable due to itching weepy erythmatosquamous lesions involving cheeks , extensors (sparing napkin area) . Milk Crust over scalp -3 increased serum IgE -4 . prognosis is unpredictable -5	age of onset : before 2 months -1 :Hx and exam -2 infant is calm greasy erythematosequamous lesions involving cheeks , eyebrows , neck, flexors , napkin area , . axillae (i.e. intertriginous areas) Cradle cap on scalp -3 normal serum IgE -4 . prognosis is excellent -5

: Treatment

General measures : avoidance of: excessive bathing (or washing) -1
, extremes of cold and heat
, emotional stress
. vigorous rubbing
: Specific measures -2

: A- Topical Rx

.drying agent : e.g. K+ permanganate for weeping lesions *
emollients : for hydration of dry skin e.g. Vaseline ointment and Zinc *
. Oxide ointment
topical steroids :(moderate to potent) are very beneficial *
topical calcineurine inhibitors : tacrolimus ointment and pimecrolimus *

: B- Systemic Rx

antihistamine : to control pruritus and give sedation -1
systemic corticosteroids to control acute and severe cases -2
Phtotherapy are often helpful for severe AD -3
PUVA for older patients -
UVB for older and younger patients -

Thank you