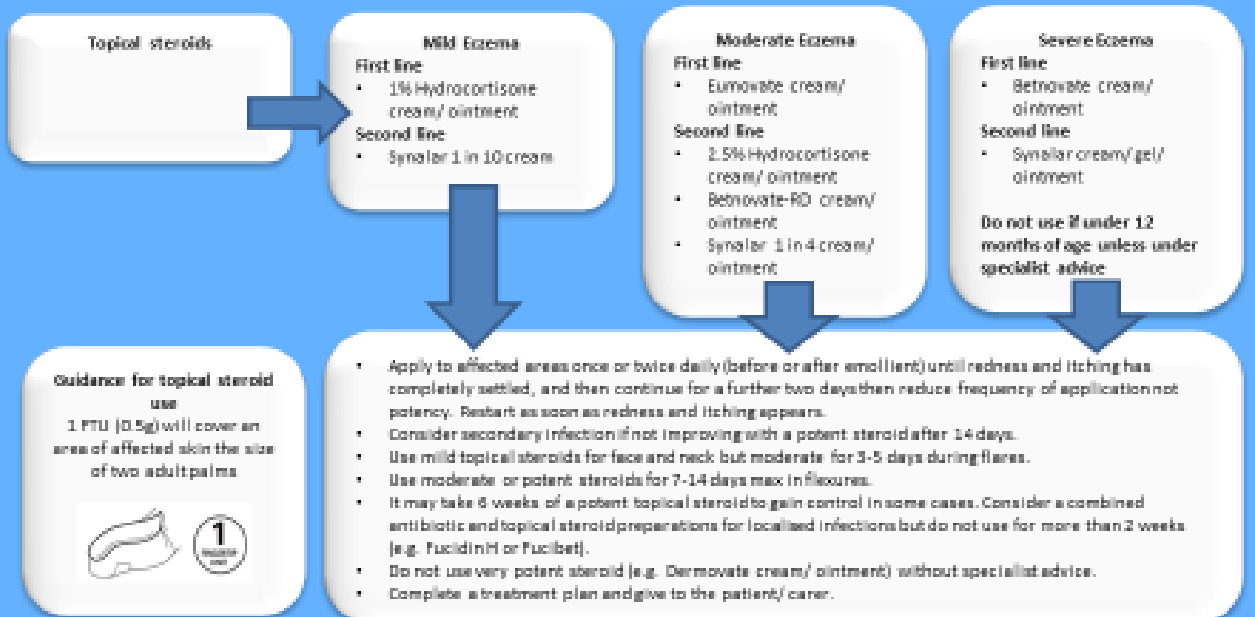




All emollients (except Doublebase Gel and Liquid Paraffin) can be used as soap substitute. (Aqueous cream may be used as a soap substitute but not recommended as an emollient because it may cause stinging in a high proportion of patients). Paste bandages may be considered in patches of lichenified eczema on the limbs.
Generally an adult using regular emollients will require 500g and a child 250g per week.



Suitable quantities of topical steroid required by an adult for twice daily application for one week

Face and neck = 15-30g
Both hands = 15-30g
Scalp = 15-30g
Both arms = 30-60g
Both legs = 100g
Trunk = 100g
Groins and genitalia = 15-30g

Suitable quantities of topical steroid required by a child for twice daily application for one week

The BNF for Children should be consulted for suitable quantities. The amount required depends on the age and size of the child. The FTU should be measured using an adult finger and the area affected established by using the palms of adult hands.

Go through brick wall analogy with all patients



NORMAL SKIN



ECZEMA – AN IMPAIRED SKIN BARRIER



RESTORING THE SKIN BARRIER USING AN EMOLIENT

Children with atopic eczema and their parents or carers should be offered information on how to recognise eczema herpeticum. Signs of eczema herpeticum are:

- Areas of rapidly worsening, painful eczema.
- Clustered blisters consistent with early-stage cold sores.
- Punched-out erosions (circular, depressed, ulcerated lesions) usually 1–3 mm that are uniform in appearance (these may coalesce to form larger areas of erosion with crusting).
- Possible fever, lethargy or distress.



Referral for specialist dermatological advice is recommended for children with atopic eczema if:

- The diagnosis is, or has become, uncertain.
- Management with the correct potency of topical steroid (as above) has not controlled the atopic eczema satisfactorily based on a subjective assessment by the child, parent or carer (for example, the child is having 1–2 weeks of flares per month or is reacting adversely to topical medications).
- Atopic eczema on the face has not responded to appropriate treatment.
- The child or parent/carer may benefit from specialist advice on treatment application (for example, bandaging techniques).
- Contact allergic dermatitis is suspected (for example, persistent atopic eczema or facial, eyelid or hand atopic eczema).
- The atopic eczema is giving rise to significant social or psychological problems for the child or parent/carer (for example, sleep disturbance, poor school attendance).
- Atopic eczema is associated with severe and recurrent infections, especially deep abscesses or pneumonia.

Guidelines based on NICE (2007) 'Atopic eczema in children: Management of atopic eczema in children from birth up to the age of 12 years and ELHT medicines management formulary. Review July 2017.
By Dr C Owen and Trainee ANP J Ratcliffe, Dermatology ELHT.