

Eczema

Most kids get itchy rashes at one time or another. But eczema can be a nuisance that may prompt scratching that makes the problem worse.

The term eczema refers to a number of different skin conditions in which the skin is red and irritated and occasionally results in small, fluid-filled bumps that become moist and ooze. The most common cause of eczema is **atopic dermatitis**, sometimes called **infantile eczema** although it occurs in infants and older children.

The word "atopic" describes conditions that occur when someone is overly sensitive to allergens in their environment such as pollens, molds, dust, animal dander, and certain foods. "Dermatitis" means that the skin is inflamed, or red and sore.

Kids who get eczema often have family members with hay fever, asthma, or other allergies. Some experts think these kids may be genetically predisposed to get eczema, which means characteristics have been passed on from parents through genes that make a child more likely to get it.

About half of the kids who get eczema will also someday develop hay fever or asthma themselves. Eczema is **not** an allergy itself, but allergies can trigger eczema. Some environmental factors (such as excessive heat or emotional stress) can also trigger the condition.

About 1 out of every 10 kids develops eczema. Typically, symptoms appear within the first few months of life, and almost always before a child turns 5. But the good news is that more than half of the kids who have eczema today will be over it by the time they're teenagers.

Signs and Symptoms

Signs and symptoms of eczema can vary widely during the early phases. Between 2 and 6 months of age (and almost always before they're 5 years old), kids with eczema usually develop itchy, dry, red skin and small bumps on their cheeks, forehead, or scalp. The rash may spread to the extremities (the arms and legs) and the trunk, and red, crusted, or open lesions may appear on any area affected.

They may also experience circular, slightly raised, itchy, and scaly rashes in the bends of the elbows, behind the knees, or on the backs of the wrists and ankles.

As kids get older, the rash is usually less oozy and scaly than it was when the eczema first began, and the skin is extremely itchy and dry. These symptoms also tend to worsen and improve over time, with

flare-ups occurring periodically.

Children often try to relieve the itching by rubbing the affected areas with a hand or anything within reach. But scratching can make the rash worse and can eventually lead to thickened, brownish areas on the skin. This is why eczema is often called the "itch that rashes" rather than the "rash that itches."

How Long Does It Last?

In many cases, eczema goes into remission and symptoms may disappear altogether for months or even years.

For many kids, it begins to improve by the age of 5 or 6; others may experience flare-ups throughout adolescence and early adulthood.

In some kids, the condition may improve and then resurface at the onset of puberty when hormones, stress, and irritating skin products or cosmetics are introduced (or due to other factors that scientists don't yet understand). And some people will experience some degree of dermatitis into adulthood, experiencing areas of itching and a dry, scaly appearance.

Eczema is **not** contagious, so there's no need to keep a baby or child who has it away from siblings, other kids, or anyone else.

Prevention

Scientists believe that eczema is inherited, so there's no way to prevent it. However, because specific triggers can make it worse, flare-ups *can* be prevented or improved by avoiding possible triggers such as:

- pollen
- mold
- dust
- animal dander
- dry winter air with little moisture
- allowing the skin to become too dry
- certain harsh soaps and detergents
- certain fabrics (such as wool or coarsely woven materials)
- certain skin care products, perfumes, and colognes (particularly those that contain alcohol)
- tobacco smoke
- some foods (this depends on the person, but dairy products and acidic foods like tomatoes seem to be common culprits)
- emotional stress
- excessive heat
- sweating

Also, curbing the tendency to scratch the rash can prevent the condition from worsening and progressing to cause more severe skin damage or secondary infection.



Diagnosis

Diagnosing eczema can be challenging because:

- Each child experiences a unique combination of symptoms that also tend to vary in severity.
- It's sometimes confused with other skin conditions, such as **seborrheic dermatitis** (better known as "cradle cap"), **psoriasis** (a genetic disease that causes the skin to become scaly and inflamed), and **contact dermatitis** (caused by direct skin contact with an irritating substance, such as a metal, medicine, or soap).
- No test is available to diagnose it definitively.

If your doctor suspects eczema, a thorough medical history is likely to be the most valuable diagnostic tool. A personal or family history of hay fever, other allergies, or asthma is often an important clue.

In addition to doing a physical examination, the doctor will likely ask about your child's symptoms and past health, your family's health, any medications your child is taking, any allergies your child may have, and other issues.

The doctor will also help you identify things in your child's environment that may be contributing to the skin irritation. For example, if your child started using a new soap or lotion before the symptoms appeared, mention this to the doctor because a substance in the soap might be irritating the skin.

The doctor also might ask about any stress your child is feeling at home, school, or elsewhere because stress can lead to eczema flare-ups.

Your doctor will also probably:

- Examine the distribution and appearance of the rash.
- Ask about how long the rash has been there.
- Look for evidence of thickening of the skin from itching or rubbing (called **lichenification**).

The doctor will want to rule out other diseases and conditions that can cause skin inflammation, which means that your child might need to be seen more than once before a diagnosis is made. The doctor might recommend sending your child to a dermatologist or an allergist.

An allergist can test to see if the rash is an allergic reaction to a substance. This might involve one or more of the following:

- a blood test
- a patch test (placing a patch of suspected allergen, such as dyes or fragrances, on the skin)
- scratch/prick tests (placing suspected allergens on the skin or injecting them into the skin)

Your doctor may also ask you to eliminate certain foods (such as eggs, milk, soy, or nuts) from your child's diet, switch detergents or soaps, or make other changes for a time to find out whether your child has a reaction to something.

Treatment

Topical corticosteroids, also called cortisone or steroid creams or ointments, are commonly used to treat eczema and are **not** the same as the steroids used by some athletes. These medicines are usually applied directly to the affected areas twice a day.

Continue to apply the corticosteroids for as long as the doctor suggests. It's also important not to use a topical steroid prescribed for someone else. These creams and ointments vary in strength, and using the wrong strength in sensitive areas can damage the skin, especially in infants.

Nonsteroid medications are also available now in creams or ointments that can be used instead of — or in conjunction with — topical steroids.

Other prescription treatments your doctor may recommend include:

- antihistamines (to help to control itching)
- oral or topical antibiotics (to prevent or treat secondary infections, which are common in kids with eczema)

Some older kids with severe eczema may also be treated with ultraviolet light under the supervision of a dermatologist to help clear it up and make them more comfortable. In some cases, newer medications that change the way the skin's immune system reacts are also prescribed.

Helping Your Child

You can help prevent or treat eczema by keeping your child's skin from becoming dry or itchy and avoiding known triggers that cause flare-ups. Try to follow these suggestions:

- **Avoid** giving your child frequent hot baths, which tend to dry the skin.
- Use warm water with mild soaps or nonsoap cleansers when bathing your child.
- **Avoid** using scented soaps.
- Ask your doctor if it's OK to use oatmeal soaking products in the bath to help control the itching.
- **Avoid** excessive scrubbing and toweling after bathing your child. Instead, gently pat your child's skin dry.
- **Avoid** dressing your child in harsh or irritating clothing, such as wool or coarsely woven materials. Dress your child in soft clothes that "breathe," such as those made from cotton.
- Apply moisturizing ointments (such as petroleum jelly), lotions, or creams to your child's skin

regularly and always within a few minutes of bathing, after a very light towel dry. Even if your child is using a corticosteroid cream prescribed by the doctor, apply moisturizers or lotions frequently (ideally, two to three times a day). But avoid alcohol-containing lotions and moisturizers, which can make skin drier. Some baby products can also contribute to dry skin.

- Apply cool compresses (such as a wet, cool washcloth) on the irritated areas of skin to ease itching.
- Keep your child's fingernails short to minimize any skin damage caused by scratching.
- Try having your child wear comfortable, light gloves to bed if scratching at night is a problem.
- Help your child avoid becoming overheated, which can lead to flare-ups.
- Eliminate any known allergens such as certain foods, dust, or pet dander from your household. (This has been shown to help some young kids.)
- Have your child drink plenty of water, which adds moisture to the skin.

Although eczema can be annoying and uncomfortable for kids, its emotional impact can become the most significant problem later — especially during the preteen and teen years, when your child will need to take responsibility for following the prevention and treatment strategies.

You can help by teaching your preteen or teen to:

- Establish a skin-care routine. Brief, lukewarm showers or baths and moisturizing regularly will help to avoid or alleviate flare-ups.
- Use only "unscented" makeup and sunscreens and facial moisturizers labeled noncomedogenic and oil free.
- Recognize stressful situations (such as taking tests at school or sports competitions) and how to manage them (like taking deep, calming breaths, focusing on an enjoyable activity, or taking a break).
- Be aware of scratching and minimize it as much as possible.

When to Call the Doctor

Children and teens with eczema are prone to skin infections, especially with staph bacteria and herpesvirus. Call your doctor immediately if you notice any of the early signs of skin infection, which may include:

- increased fever
- redness and warmth on or around affected areas
- pus-filled bumps on or around affected areas
- areas on the skin that look like cold sores or fever blisters

Also, call your doctor if you notice a sudden change or worsening of the eczema or if it isn't responding to the doctor's recommendations.

Even though eczema can certainly be bothersome for kids and parents alike, taking some preventative precautions and following the doctor's orders can help to keep it under control.

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