**ATOPIC ECZEMA IN CHILDREN - NICE CG 57 ATOPIC ECZEMA IN CHILDREN**

### What is Eczema?
- A chronic, inflammatory, itchy skin condition
- Usually develops in early childhood
- Remitting and relapsing course
- Impacts on quality of life (everyday activities, sleep, psychosocial wellbeing)
- May also have asthma, allergic rhinitis or history of atopic disease in a first degree relative

### Signs & Symptoms
- Itchy, dry skin
- Flexural dermatitis (or dermatitis of cheeks and/or extensor areas in children aged 18 months or under)
- **Flare of eczema** - increased dryness, itching, redness, swelling, irritability
- **Bacterial infection** - weeping, pustules, crusts, failing to respond to therapy, rapidly worsening eczema, fever, malaise
- **Eczema herpeticum** - areas of rapidly worsening, painful eczema; clustered blisters (like early-stage cold sores); punched-out erosions, usually 1-3mm and uniform in appearance (these may coalesce to form larger areas of crusting); possible fever, lethargy, distress

### Management in Primary Care

#### Step 1 - Emollients

The basis of eczema management. Should be used even when the eczema is clear to improve barrier and prevent flare-ups. Un-perfumed emollients to use every day for **moisturising**, **washing** and **bathing**. Leave-on emollients should be prescribed in large quantities (250-500g/week). Should be easily available to use at nursery, pre-school, school.

#### Step 2 - Topical Corticosteroids

- Flared up skin needs topical steroid until the skin inflammation is resolved - this may take 4 to 6 weeks of gradually weaning
- The usual regimen bd for 1 week or od nocte for 1-2 weeks, then reduce to alternate nights for 1-2 weeks then reduce to 2-3 times a week for at least 2 weeks
- Use 1 adult finger tip unit (0.5g) to cover adult palm areas of skin
- Prescribe sufficient quantities of steroid

#### Mild Potency for Mild Eczema
- Hydrocortisone (0.5%, 1%, 2.5%)
- Fucidin H (with antibiotic)

#### Moderate Potency for Moderate Eczema
- Use moderate preparations for short periods only (7-14 days) for flares in vulnerable areas such as axillae and groin
- Eumovate, Betnovate RD
- Trimovate (with antibiotic)

#### Potent for Severe Atopic Eczema
- (DO NOT use potent preparations in children without specialist advice)
- Betnovate, Elocon
- Fucibet, Betnovate C (with antibiotic)
Face & Neck
Use mild steroid except for short burst (3-5 days) of moderate potency steroid for severe flares

In addition:
- **Identify & treat infection**
- **Identify potential trigger factors** e.g. irritants, skin infections, contact allergens, food allergens, inhalant allergens
- **Education**
  Educate children and their carers about eczema and its treatment (e.g. how much of the treatments to use, how often to apply treatments, how to recognise flares, how to manage flares according to stepped care plan, how to recognise and access treatment for bacterial infection, how to recognise eczema herpeticum)

Criteria for Referral to Secondary Care

**Emergency Referral** (to CAU for same day dermatology input)
- Suspected eczema herpeticum
- Severe infected eczema
- Widespread, distressing eczema not responding to treatment

**Urgent (within 2 weeks) Outpatient Referral** (Dr Lakshman or Dr Gudi and request urgent)
- Recurrent flares on stopping topical steroid
- Poor response to topical steroid (no improvement after 1 week of treatment)
- Eczema with faltering growth or gut symptoms (diarrhoea or vomiting)
- Eczema with allergies (suspected food allergies, asthma, urticaria)
- Uncertain diagnosis
- Possible contact allergic dermatitis
- Eczema associated with severe and recurrent infections
- The child/carer may benefit from specialist advice on treatment application (e.g. bandaging)

**Routine (within 6 weeks) Outpatient Referral** (Dr Lakshman or Dr Gudi)
- Parental request
- Poor sleep
- Eczema is causing psychosocial issues (school absence; poor self esteem)

Useful Information & Resources
- National Eczema Society ([www.eczema.org](http://www.eczema.org))