

Eczema - Childhood - Summary Clinical Guideline - DERBY

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1. Introduction

Eczema commonly affects flexural sites, in infants and young children eczema may affect the face or outer limbs. The disease tends to relapse and remit but up to two thirds of children will have cleared by the age of ten.

2. Management of Atopic Eczema

General Measures

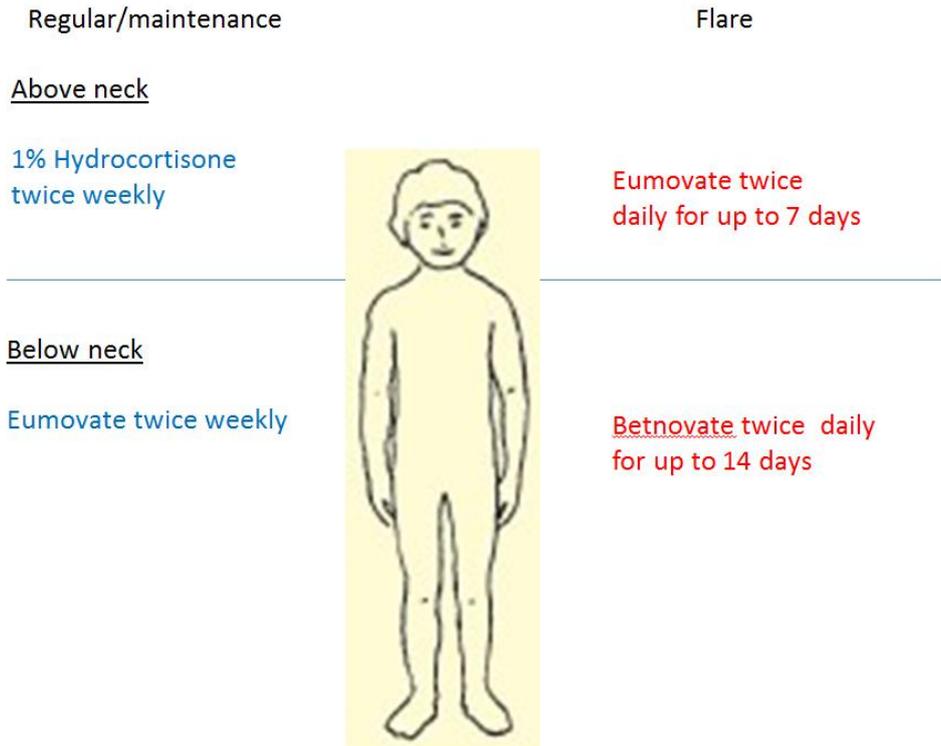
- Avoid soaps, detergents and bubble bath. Instead use soap substitutes or emollients to wash with.
- Aqueous cream can be used as a soap substitute but should not be used as an emollient.
- Greasy emollients e.g. Epaderm ointment are more effective than creams, but only work if they are cosmetically acceptable.
- **Paraffin-containing emollient products are flammable** and can come into contact with dressings, clothing, bed linen or hair. Patients/parents are advised to avoid naked flames completely, including smoking cigarettes.
- Use cotton clothing next to skin whenever possible.
- Trim fingernails to reduce the damage of scratching.
- Consider contacting the National Eczema Society. Tel: 0870 241 3604 or website: www.eczema.org
- The British Association of Dermatologists has developed video links aimed at patients on the use of steroids (<https://www.youtube.com/watch?v=tpethgKQB3U>) and emollients (<https://www.youtube.com/watch?v=dQaihGo-6gc>).

Topical steroid regimes for flares and maintenance

Clinicians must educate patients on how much steroid they should use, the finger tip unit (FTU) is a useful guide (see appendix 1 in full guidance). The suggested steroid regime for flares and maintenance is summarised in figure 1.

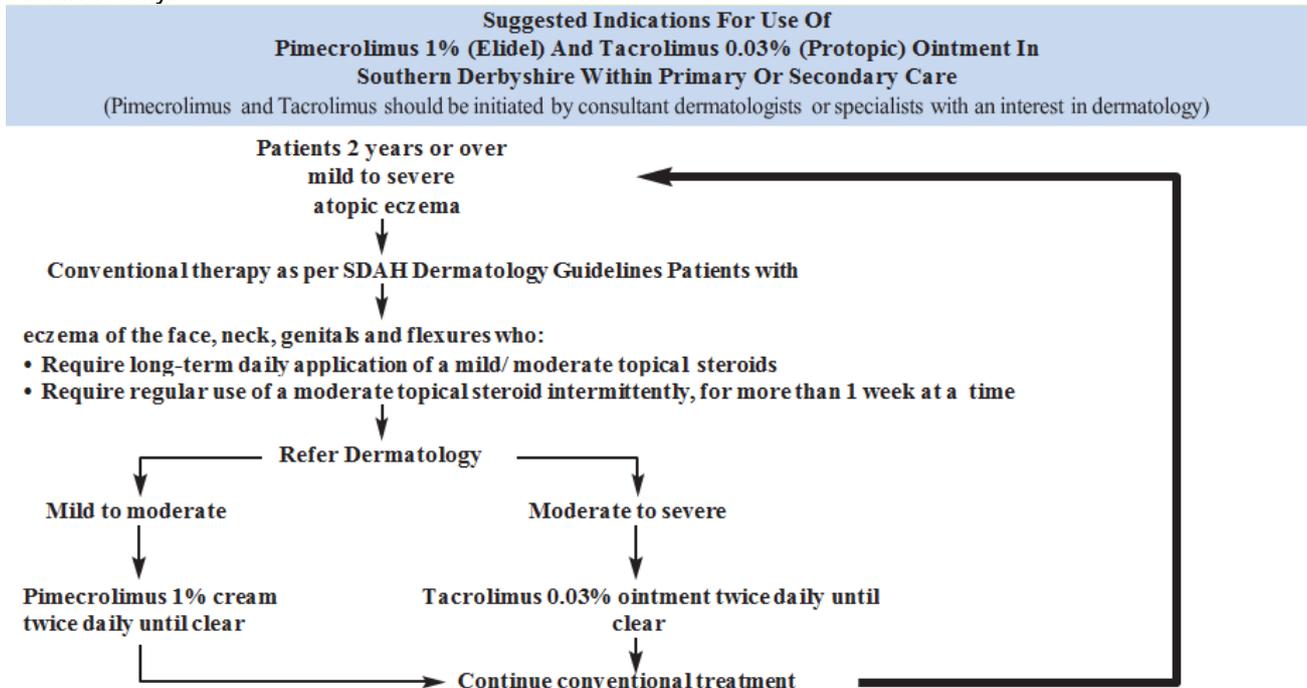
Antibiotic/steroid combinations such as Synalar- C (Fluocinolone, Clioquinol) and Fucibet (Fusidic acid 2% and Betamethasone 0.1%) should only be used for short periods (2 weeks).

Figure 1: Suggested topical steroid regime for the management of atopic eczema. Eczema is a chronic disease and ongoing prescriptions for topical steroids almost always will be required. Ointments are generally more effective than creams.



Topical Calcineurin Inhibitors

Figure 2: Suggested indications for use of topical calcineurin inhibitors in the community. Calcineurin inhibitors should be used twice daily until skin clear and repeat for flares. It should be used on a stop /start basis and not continuously.



Pimecrolimus 1% (Elidel) cream and Tacrolimus 0.03% (Protopic) ointment should only be initiated by a specialist in dermatology in accordance with the shared care DPAG guidelines.

The indications for topical calcineurin inhibitors and regimes used are summarised in figure 2.

Bandaging

Wet wrap or ichthopaste bandages can be useful in widespread disease or lichenified eczema. As directed by dermatology team.

Infection

In suspected infection a swab prior to antibiotics is recommended. Exacerbations are commonly due to Staphylococcal infection and should be treated with oral Flucloxacillin or Erythromycin. If herpes simplex infection is suspected refer urgent same day to Children's Emergency Department (CED).

Antihistamines

Sedating antihistamines e.g. Chlorpheniramine or Trimeprazine may be of value for short periods at night.

Allergy Testing and Dietary Advice

Referral for investigation of suspected food allergies should be directed to a paediatric allergist according to local guidelines.

Hospital Treatments

In patient admission and 2nd line therapy e.g. UVB, PUVA, Ciclosporin are occasionally used but all these 2nd line treatments have side effects.

Referral may be considered in the circumstances below:

- If the diagnosis is in doubt.
- If the disease is severe.
- Failure to respond to a reasonable trial of the above measures.
- Concern due to social problems e.g. school absenteeism, sleeplessness.
- Use of excessive amounts of topical steroids.
- Infection with herpes simplex virus (eczema herpeticum), refer to CED same day.
- Recurrent infections
- Need for instruction on bandaging.
- Contact dermatitis is suspected (uncommon in childhood)
- Where significant dietary manipulation for skin is contemplated.
- If patient meets criteria for topical calcineurin inhibitors (see Figure 2).

Key Standards in Referral Letter

- Treatment given in past and last consultation
- Expectation from referral - i.e diagnosis, reassurance, treatment or advice.