

If your patient has eczema, what sort is it?

Basis of classification

The classification of eczema remains unsatisfactory. Many different stimuli can cause the skin to react in much the same way and so create similar areas of eczema. Some of these stimuli come from the outside world while others arise from within the body. This is the basis for the subdivision of eczema into two main groups:

1. *Exogenous* (or **contact**) types of eczema (irritant, allergic, photodermatitis).

2. *Endogenous* (or *constitutional*) types of eczema (**atopic**, seborrhoeic, discoid, pompholyx, gravitational).

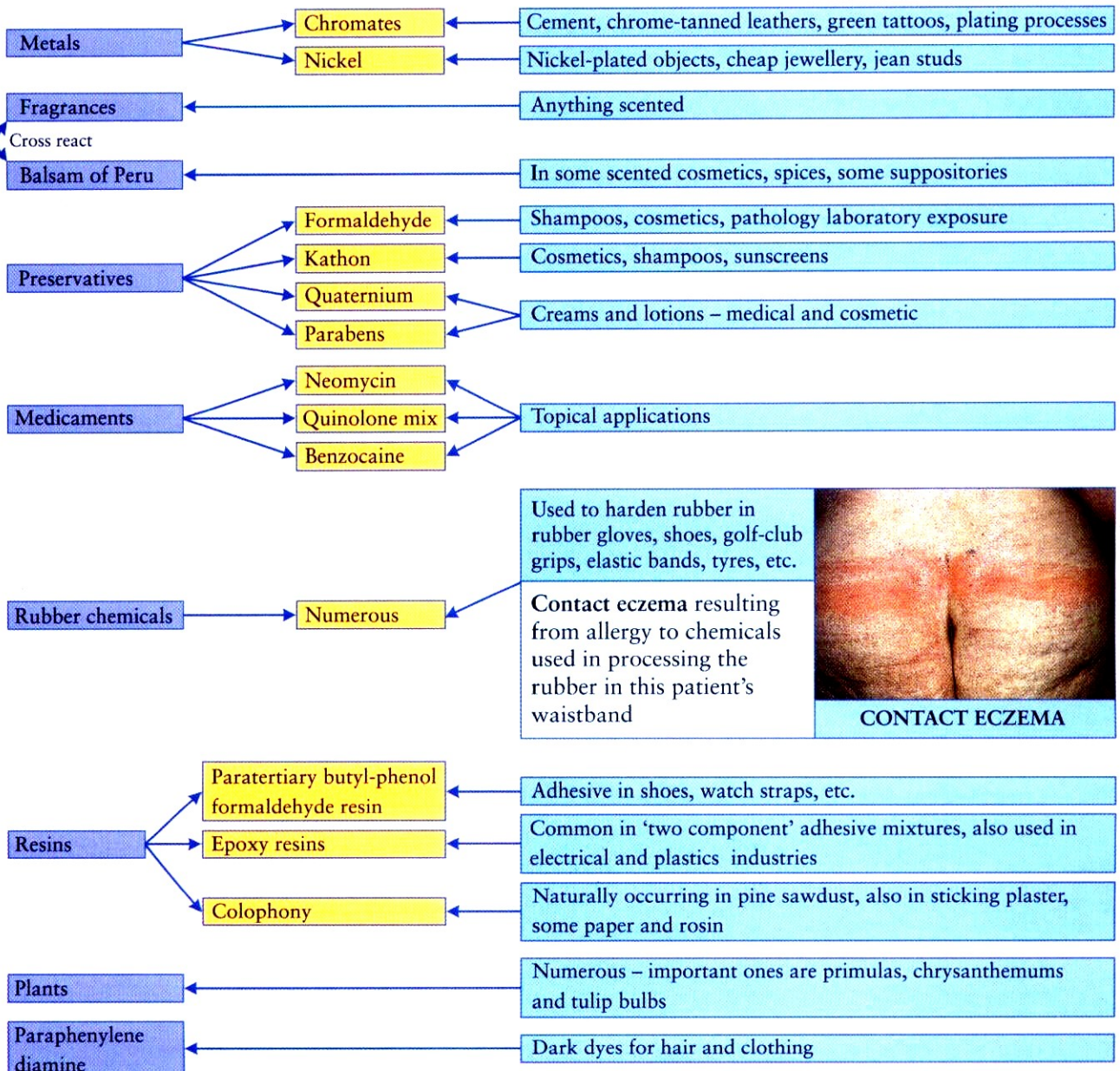
Some patterns of eczema are hard to classify in this way (e.g. asteatotic, neurodermatitis and juvenile plantar dermatosis).

The point of making these diagnostic distinctions is that they lead on automatically to the best management. For example, with the contact eczemas, the main thrust of management will be to identify the substances, allergens or irritants, that caused the trouble in the first place and then to devise ways by which the patient can avoid contact with them (many of the most common allergens are listed in the algorithm below). In the management of constitutional types of eczema, the emphasis will mainly be on suppression of the skin lesions.

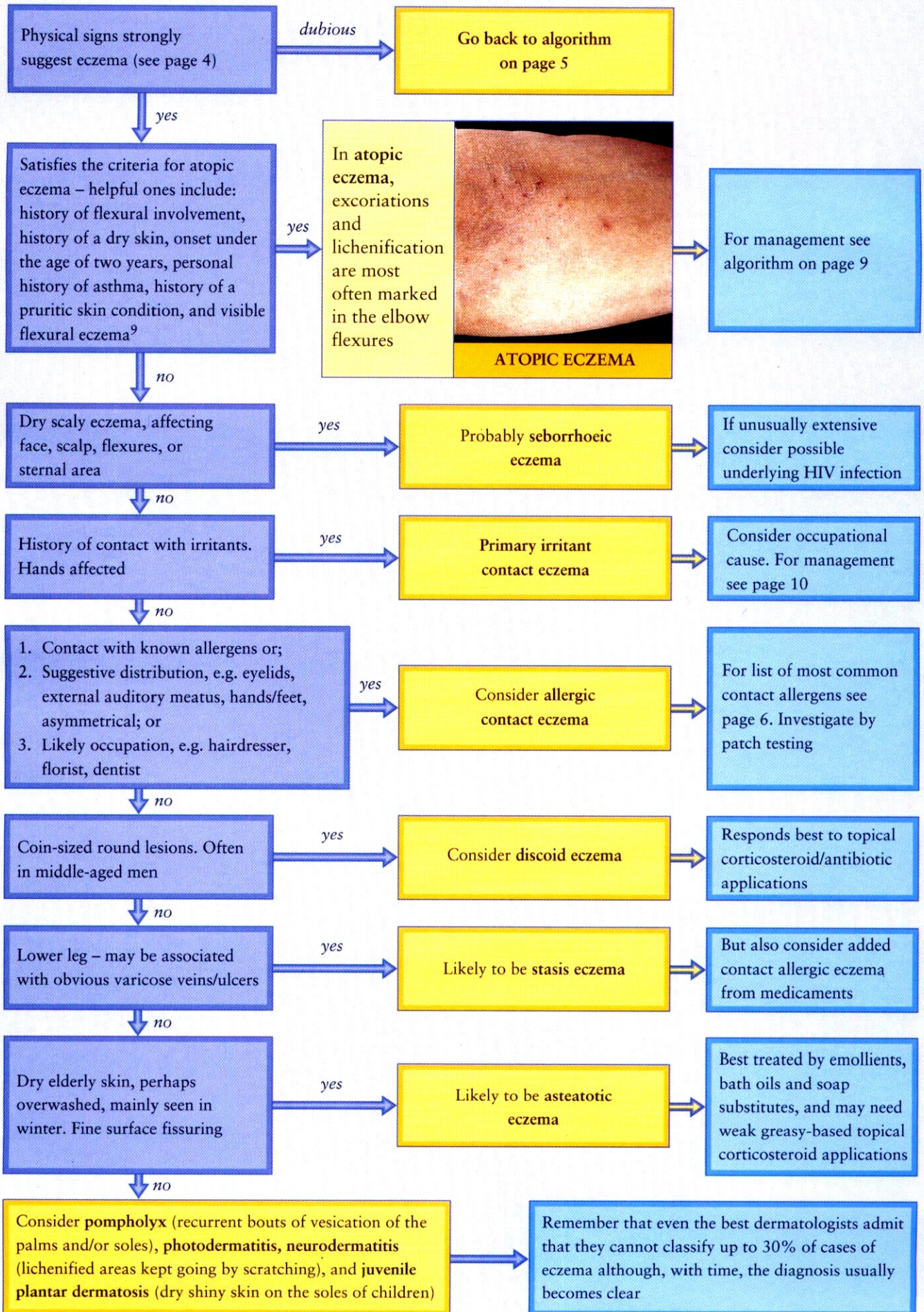
Confusion can easily arise when the groups overlap, as they often do. For example, a contact reaction to dressings can sometimes be superimposed on a stasis eczema.

The algorithm on the opposite page may help you to separate the different types of eczema on clinical grounds.

Sources of common allergens



Classification of eczema



Eczema Differential Diagnosis



How should a patient with atopic eczema be managed?

The algorithm below plots a way through this difficult subject.

Atopic eczema management

For all patients with atopic eczema¹⁵


Topical treatment

- The regular and frequent use of emollients after bathing
- Washing with a soap substitute such as aqueous cream; use of bath oils
- Teach patients when to use plain topical corticosteroids and when to use steroid/antibiotic combinations for exacerbations

General advice to lead as normal a life as possible but

- Keep the nails short
- Try to wear cotton next to the skin – avoid wool
- Consider joining National Eczema Society*

Highly polished nails which, though reasonably short, can still be used for rubbing, if not scratching



- Discuss condition and outlook fully with patients and parents soon after the diagnosis has been made
- Offer career advice for children (see page 10)

Satisfactory progress?


yes → Continue as necessary

An acute exacerbation?

yes →

- Consider superinfection with *Staphylococcus*
- Ask primary care nurse to help review patient with emphasis on compliance and advice
- Consider a herpes simplex virus (will need immediate use of a systemic antiviral agent and referral to hospital)

Eczema herpeticum; patients with atopic dermatitis are particularly susceptible to widespread herpes simplex infections. A systemic antiviral agent will be needed



General failure to respond?
Other measures are needed:

Ask experienced primary care nurse to help with more elaborate dressings

Try further advice


- Don't keep pets
- Dietary advice – but avoid only foods to which genuine intolerance exists. Do not encourage cranky dieting
- Consider ways of reducing house dust contact – a Gore-Tex bedding cover may be the most effective
- Perhaps children at special risk of getting eczema should be breast fed for their first six months, although this is debatable

Consider systemic treatment

- A sedative antihistamine (e.g. trimeprazine or hydroxyzine) may help if sleep is interrupted
- A month's course of a systemic antibiotic may be helpful if topical measures are not succeeding

Contact hospital liaison nurse for further advice on dressings or refer to hospital dermatology department

A nurse who is expert in applying dressings is an asset to any practice. Here a tubular gauze is being applied over ichthammol paste for an extensive eczema



Satisfactory progress?

yes → Continue as necessary

* National Eczema Society address is: 163 Eversholt Street, London NW1 1BU