



Atopic Dermatitis (Eczema) – Evaluation and Management

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INDIAN + COUNTRY

ECHO

LEADING THE WAY ➡➡➡

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Objectives

- I. Recognize the common presentation of eczema
- II. Become comfortable with classic eczema management and patient counseling
- III. Pearls and pitfalls of helping patients
- IV. Plan next steps when patients aren't improving



Background

Eczema is **COMMON**

- ~20% of the US population
- Associated with “atopic” conditions
 - *Food allergies = correlation NOT causation*
- Often starts in childhood
- Huge span of severity
- Significant impact on QoL



Presentation



Infancy
(0-6 months)

Face, elbows,
ankles

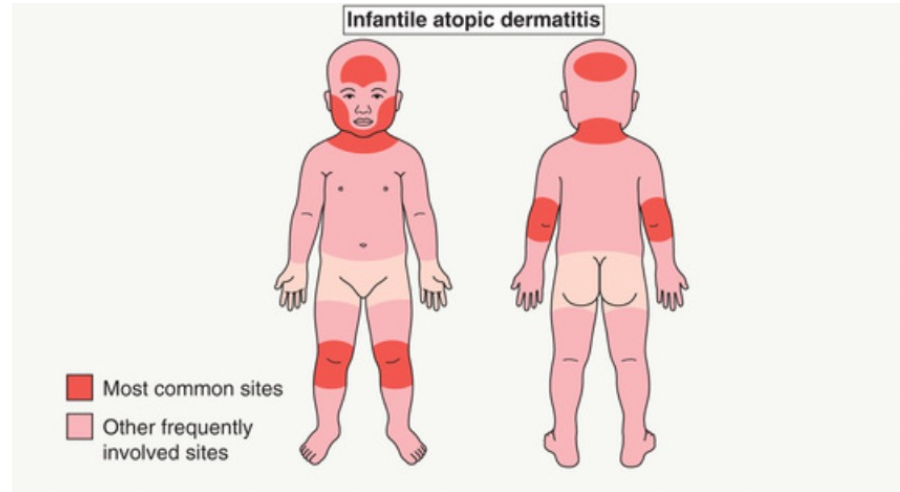
Childhood

Flexors and
hands

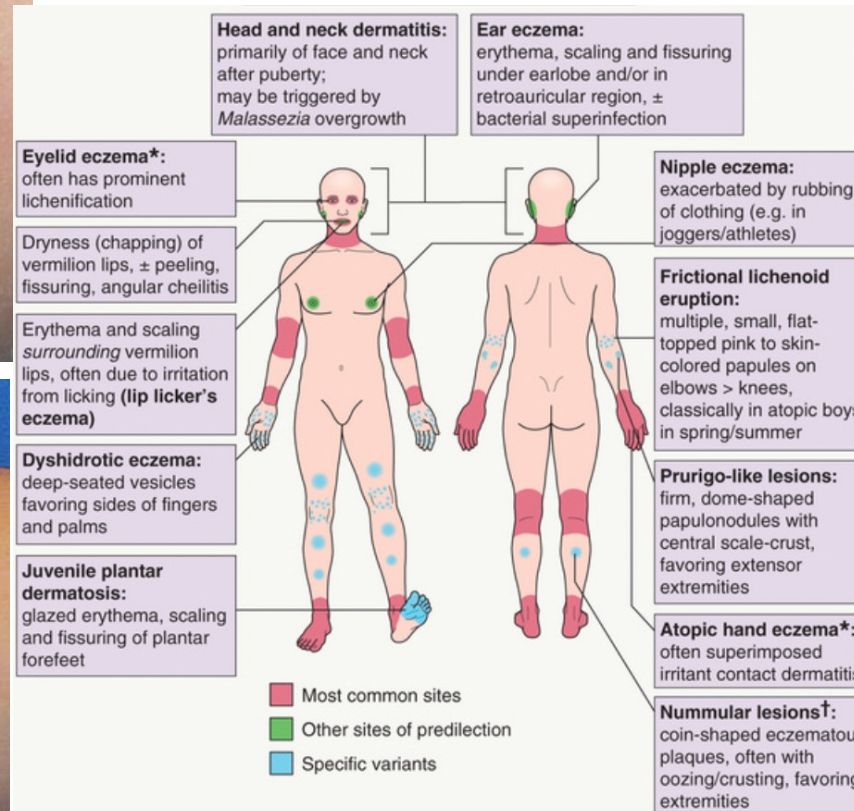
Adulthood

Dry and
lichenified

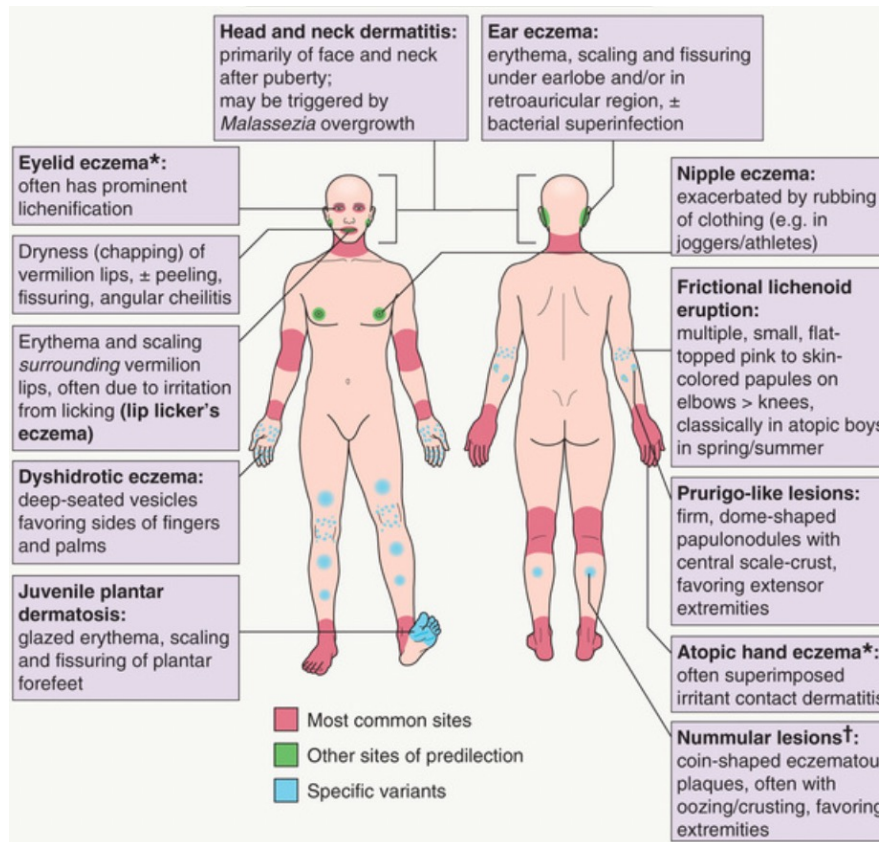
Infancy



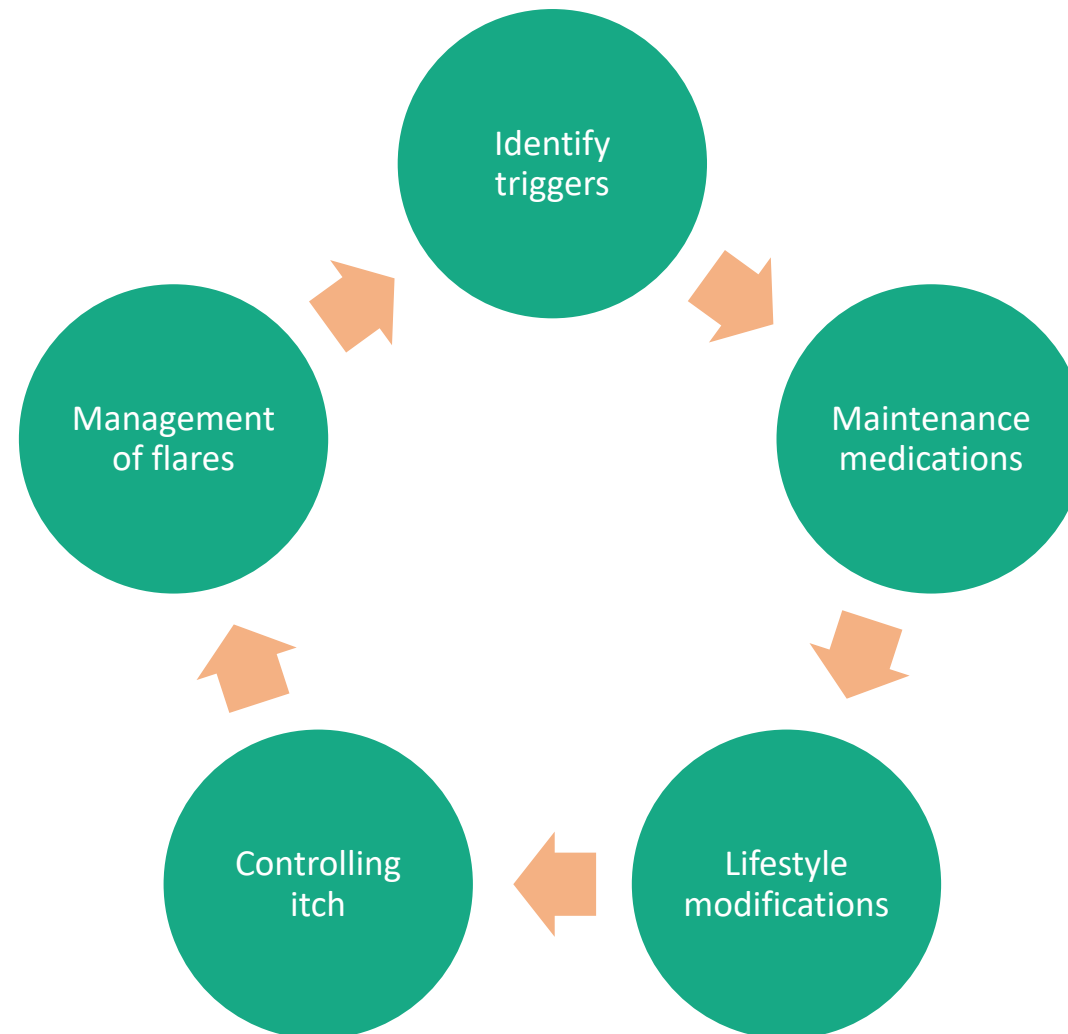
Childhood



Adult



Treatment



Treatment

Steroids

Two-week rule, prefer ointment, provide large jar!

- Low potency – face, intertriginous, high BSA, peds
 - *Hydrocortisone 2.5%, triamcinolone 0.05%*
- Medium potency
 - *Triamcinolone 0.1%*
- High potency – hands, feet, scalp, recalcitrant
 - *Clobetasol 0.05%*

Steroid Sparing

Safe for long-term use, safe for use on sensitive areas

- Tacrolimus
- Pimecrolimus
- Crisabarole
- Ruxolitinib



Lifestyle, lifestyle, lifestyle!



- Tubs not bottles
- Use regularly
- No double dipping

Emollient

- Avoid excessive soap
- Lukewarm
- Bleach baths

Bathing

- Wet wraps
- Soak and smear

Boosting therapy

- Perfumes
- Detergents
- Candles
- Air fresheners

Fragrances

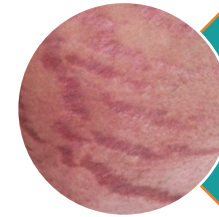
Steroid Risks

- Risks with steroid use increase with:
 - Increased duration
 - Increased potency
 - Increased BSA

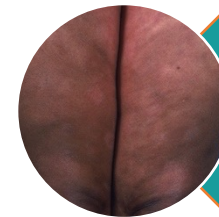
Remember, with small children, BSA adds up quickly



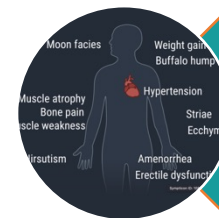
Irreversible thinning of the skin



Irreversible striae



Hypopigmentation

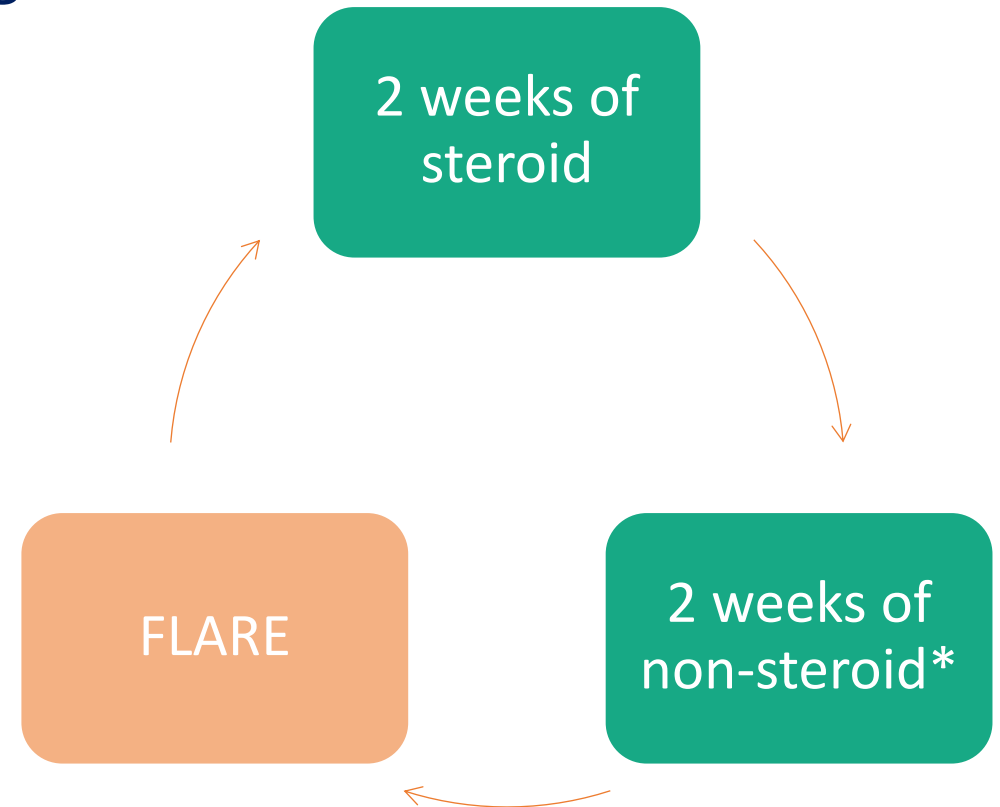


Systemic effects

- *Cushing Syndrome*
- *Adrenal insufficiency*

“Steroid phobia”

- Two-week rule
- Assess understanding and buy-in
- Assess adherence



What if the patient is not getting better?

Consider SYSTEMIC TREATMENT

- Dupilumab
- Phototherapy
- Prednisone
- Methotrexate



What if the patient is not getting better?

Consider the DIFFERENTIAL DIAGNOSIS

Think about the distribution, the patient, the response to therapy, the trajectory

- Contact dermatitis
- Seborrheic dermatitis
- Lichen simplex chronicus
- Scabies
- Psoriasis
- Cutaneous lymphoma
- Others!



What if the patient is getting worse?

Consider INFECTION

- Infection is common
 - Most common: staph aureus, HSV, coxsackie
- Challenging to discern which is the cause based on exam
 - SWAB: exudative/wet spots, perianal
- May require inpatient admission for IV antibiotics, antivirals, and fluids



Case

A 2-year-old patient presents to the office with “fussiness” and decreased appetite.

Exam shows the following:

What are the next steps for evaluation and management?



Case

A 2-year-old patient presents to the office with “fussiness” and decreased appetite.

After a few days of antibiotics and wet wraps, he is feeling much better.

What will your plan be for discharge?



Case

At his 4 week follow up, he is feeling much better. He continues to have a bothersome, itchy rash.

What questions might you have?



Case

At his 4 week follow up, he is feeling much better. He continues to have a bothersome, itchy rash.

What are some options you might consider for treatment?



Case

At his 4 week follow up, he is feeling much better. He continues to have a bothersome, itchy rash.

Together, you decide to start him on dupilumab.

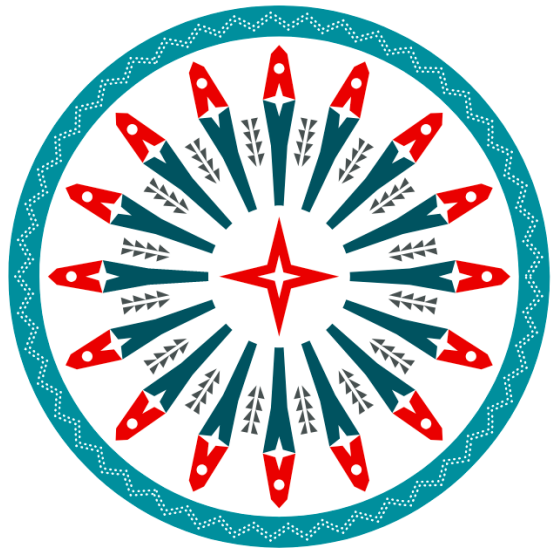
What other recommendations might you make for the patient?



Take home points

- Eczema is COMMON and there is no cure
- Pick a high, medium, and low potency steroid to default to
- Take time to counsel patients on triggers and lifestyle modifications
- If patients aren't improving, think about medication adherence and infection





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Visit: IndianCountryECHO.org

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