



## **THE DRY FACTS ABOUT ATOPIC DERMATITIS**

Kris K. Saririan, MD

A common cause of chronic eczema, atopic dermatitis, is actually a constellation of clinical features that define its course. The most cardinal characteristic of this dry, itchy skin condition is its early age of onset and chronic relapsing pattern. Seasonal flare-ups are common and diagnosis can be made at various stages. Acutely, the rash could be vesicular (blisters) or papular (small bumps) with more chronic changes resulting in redness and thickening of the skin. Other features associated with atopic dermatitis include a personal and/or family history of allergic diseases, namely rhinitis and asthma. There are no specific blood tests for diagnosis of atopic dermatitis, although serum Immunoglobulin E levels are often highly elevated and may reflect the severity of the skin condition. Environmental allergies for dust mite, pollens, etc., are frequently present in patients with atopic dermatitis and limiting exposure to these allergens have been beneficial for some patients.

There is also considerable data to support the role of food allergy in atopic dermatitis in children. Since skin testing (prick or scratch method) is often a challenge for patients, due to their skin being increasingly sensitive to trauma, sometimes elimination diets can be tried to make the connection. Only a handful of food allergens have shown benefits with avoidance, these include egg, soy, wheat, fish, peanut and milk.

Complex inflammatory changes occur in the skin of patients with atopic dermatitis at different stages of the disease. No single pathologic abnormality has been championed as causal, though in all likelihood the mechanism entails a broad form of immune dysregulation.

Whatever the cause, patients certainly recognize its ramifications and long-term complications. They typically experience persistent itching, which leads to scratching and subsequent scarring and thickening of the skin over time. Moreover, patients are at greater risk for bacterial, viral and fungal infections of the skin by disruption of this vital barrier. Atopic dermatitis patients are also at risk for increasing psychosocial setbacks expected from disfigurement and alteration of self-esteem. This is especially important for children with facial skin involvement. It is therefore imperative for patients with chronic atopic dermatitis to be correctly diagnosed and treated.

Management of atopic dermatitis starts with hydration, hygiene, lubrication and comfort. Patients are at risk of fluid loss through their involved skin and this fluid must be replaced continuously by drinking plenty of water, especially in the winter. Daily baths are recommended with application of either mineral oil or petroleum jelly shortly after to trap in moisture. Patients should avoid wool and synthetic irritating garments. In addition to maintaining hydration, dry itchy skin can be calmed by taking antihistamines as needed.

The mainstay of therapy for atopic dermatitis has been topical corticosteroids. These agents are often effective in controlling the inflammation and providing symptom-free

periods. Recently, another agent has gained FDA approval for management of atopic dermatitis. Tacrolimus® is a topical anti-inflammatory that has shown benefit in control of this disease.

Since our understanding of atopic dermatitis is constantly evolving, the outlook for treatment for it remains optimistic.