



# Atopic Dermatitis (Eczema) – Evaluation and Management

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PGY4

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

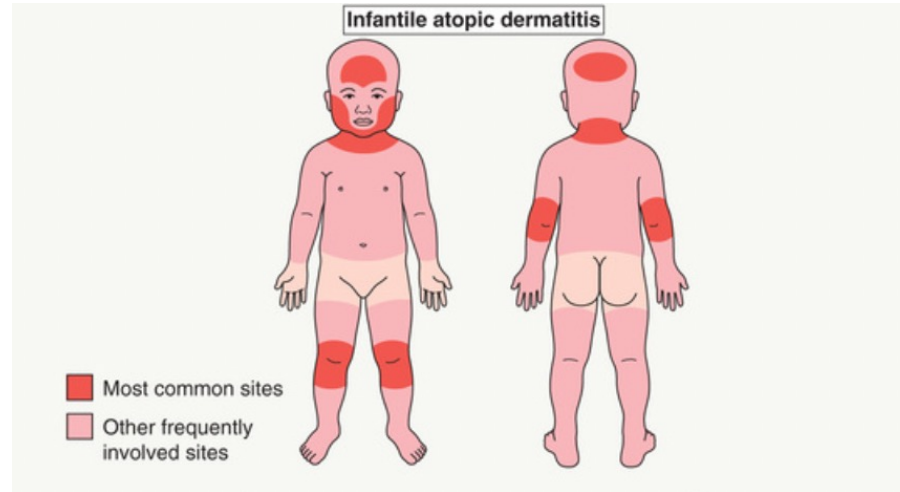
Childhood

Flexors and  
hands

Adulthood

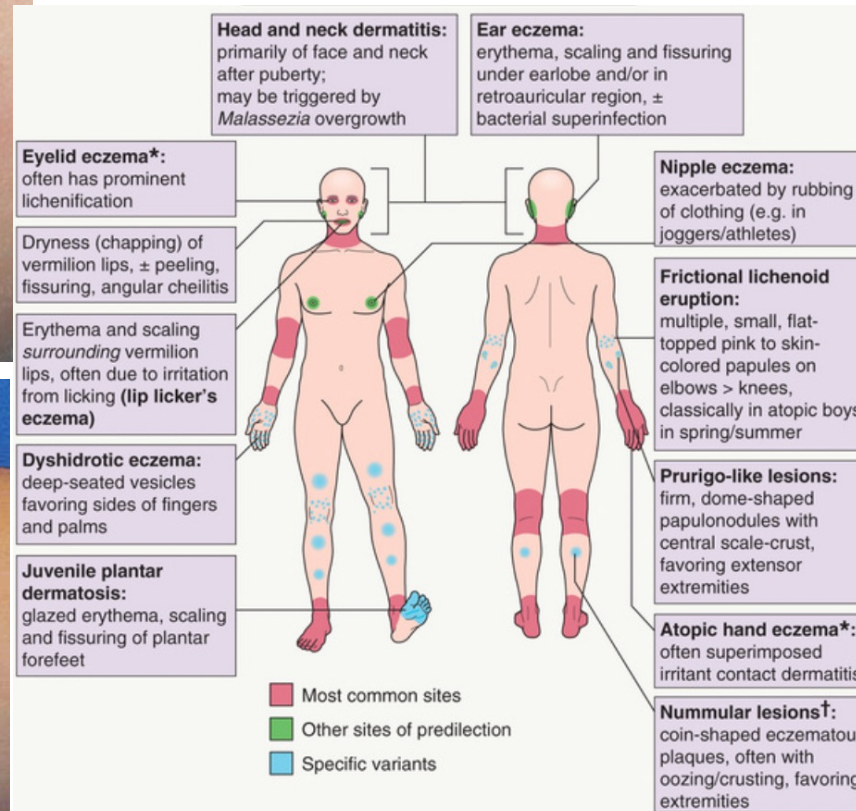
Dry and  
lichenified

# Infancy



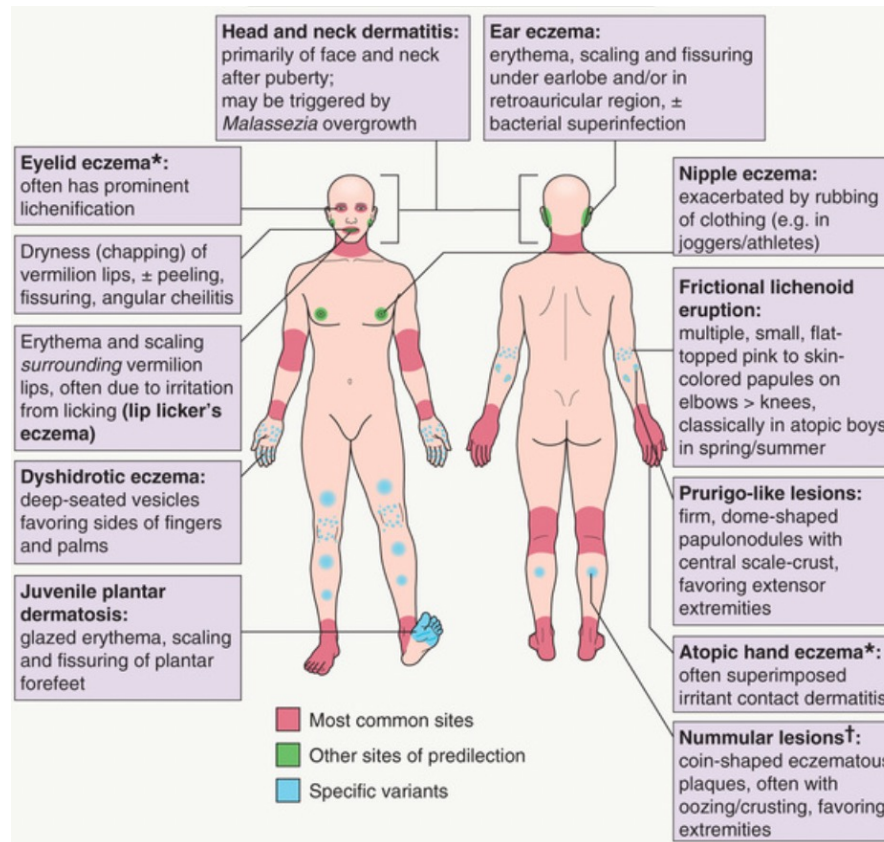


# Childhood

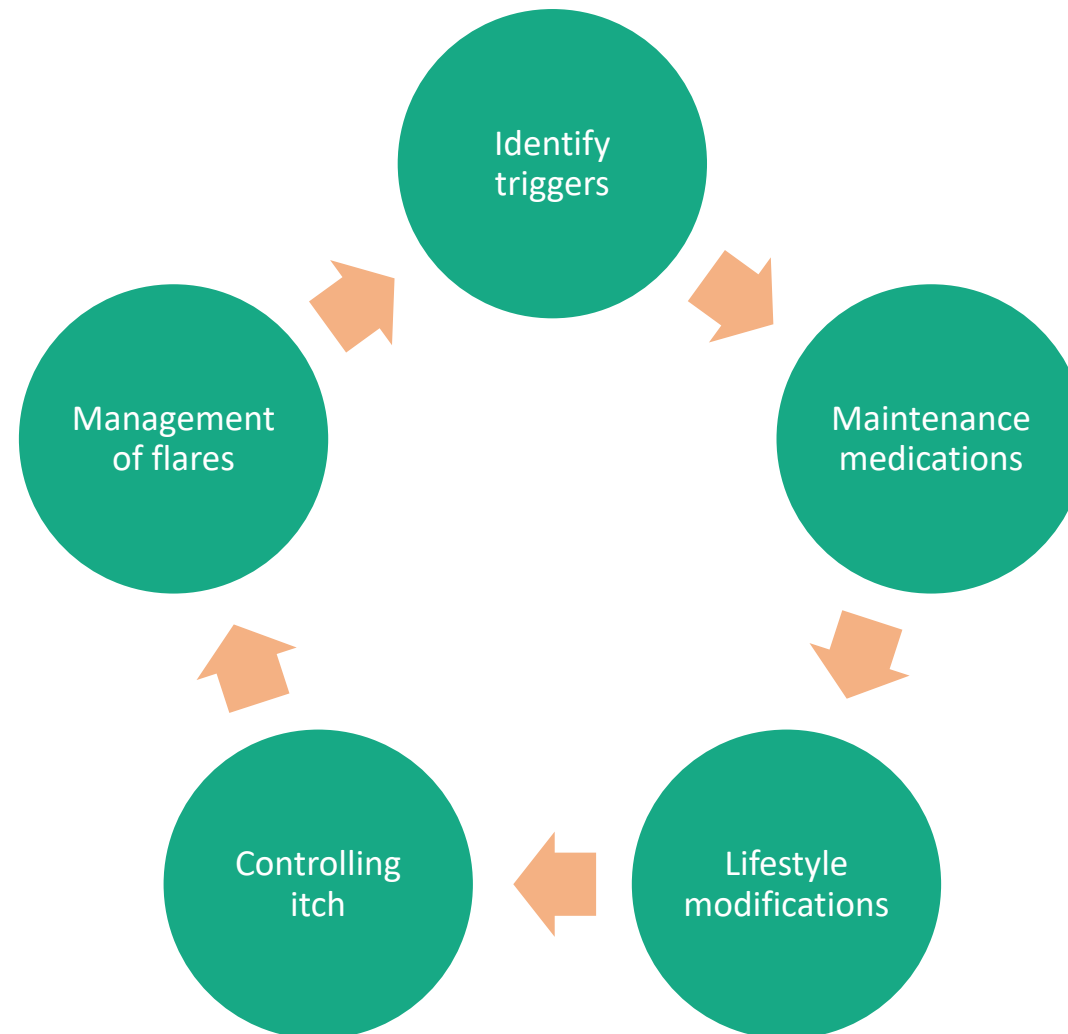




# Adult



# 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

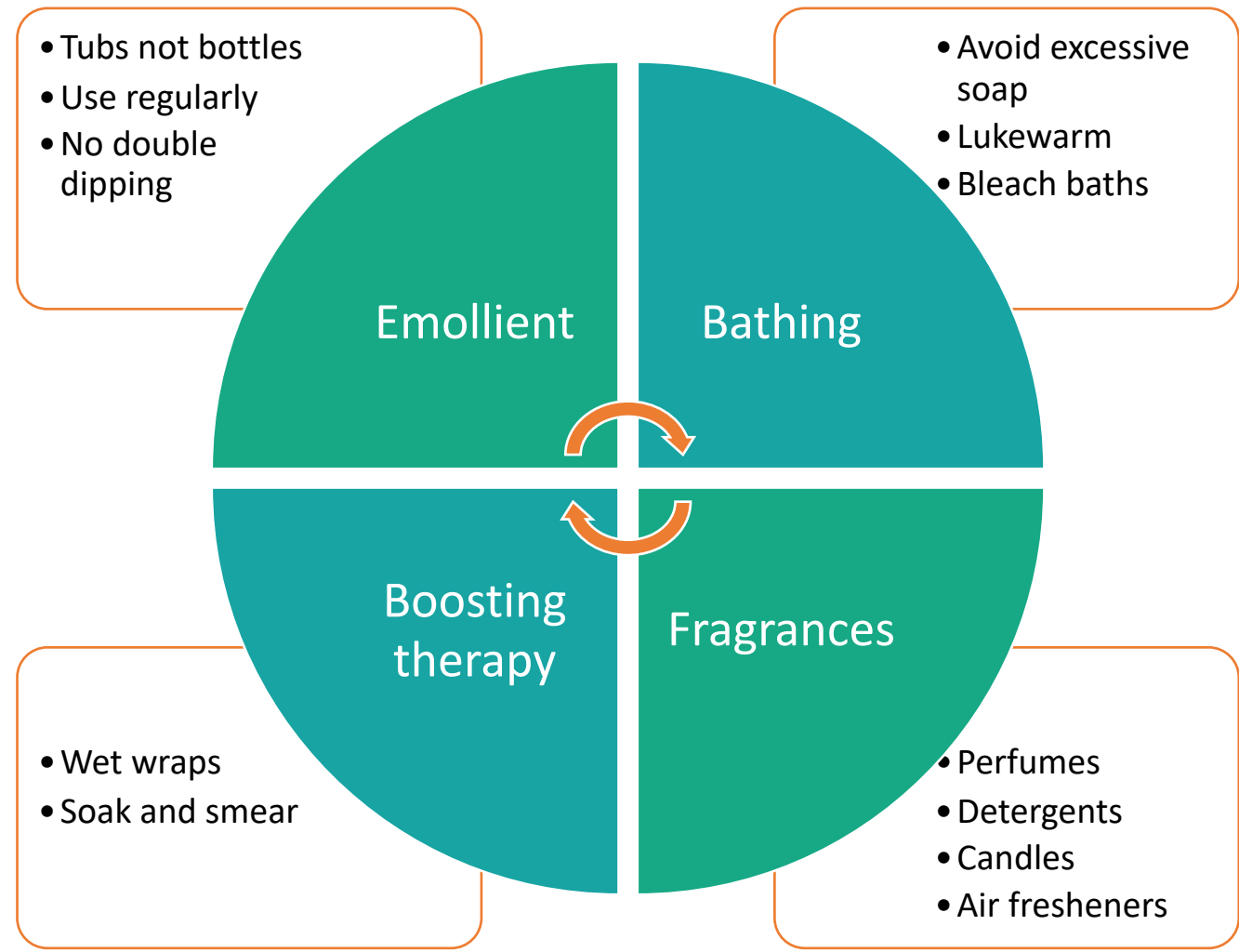
Bathing

- Wet wraps
- Soak and smear

Boosting therapy

- Perfumes
- Detergents
- Candles
- Air fresheners

Fragrances



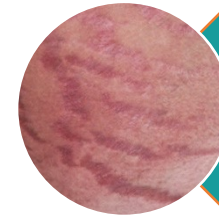
# Steroid Risks

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

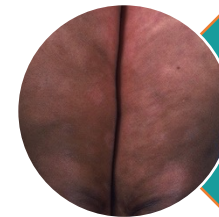
*Remember, with small children, BSA adds up quickly*



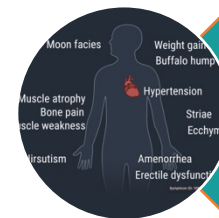
Irreversible thinning of the skin



Irreversible striae



Hypopigmentation



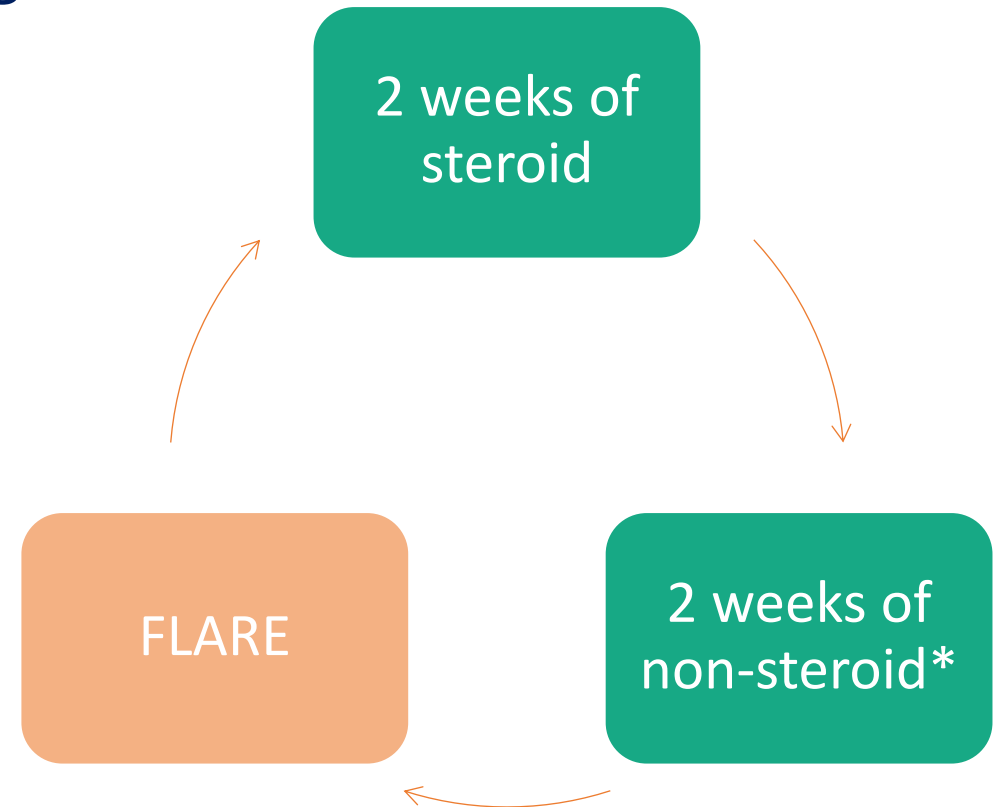
Systemic effects

- *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?*



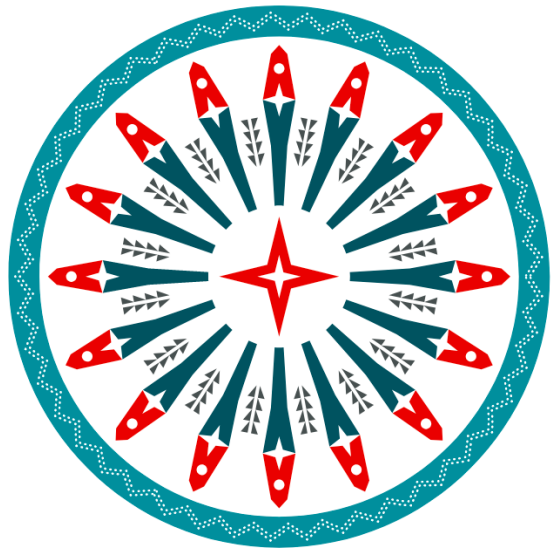


# Take home points

- 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](http://IndianCountryECHO.org)**

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