

Atopic Eczema

The most common type of eczema (dermatitis).

Suggested Approach to Atopic Eczema OSCE Station

Examine:

- Dermatological skin exam

Describing lesions:

- Lesions
 - “There are multiple papules and vesicles on an erythematous base, over the flexor surfaces”
 - “These range in size from 1-6mm”
 - “There is some evidence of lichenification and scaling but no evidence of secondary infection or eczema herpeticum”
 - “These lesions are consistent with atopic eczema”

Differential diagnosis:

- Other types of eczema

If allowed to ask patient questions:

- Personal/ family history of asthma, hayfever, eczema

Associations

- Atopic individuals/ families (i.e. asthma, hayfever, eczema)
- Exacerbations may be associated with:
 - Allergens (e.g. chemicals, food, dust, pet fur)
 - Infection
 - Heat/ sweating
 - Stress

Types of Eczema

- Exogenous
 - Irritant contact
 - Allergic contact
 - Photocontact/ photosensitive
 - Photo-allergic
- Endogenous
 - Atopic (MOST COMMON)
 - Seborrhoeic - Greasy/ scaly erythematous rash around nose, ears and scalp
 - Asteatotic - Cracked skin, often on lower limbs
 - Pompholyx - Itchy blisters on hands and feet
 - Lichen simplex - Thickened, darkened skin due to chronic scratching
 - Varicose - Associated with chronic venous insufficiency; affects lower limbs

Complications

- Infection
- Eczema herpeticum
- Viral warts

Management

- Identify and avoid allergen
- Emollients and bath/shower substitutes
- Topical treatments
 - Steroids
 - Immunomodulators
- Systemic treatments
 - Anti-histamines
- Phototherapy



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