

Dermatologist St. John's

Dermatologist St. John's - Eczema is a type of dermatitis or inflammation of the outer layer of the skin known as the epidermis. The term is derived from the Greek language and translates to "to boil over." In England, around 1 in 9 people or a projected 5,773,700 individuals have been diagnosed with eczema at some point in their lives. In some languages, the terms dermatitis and eczema are synonymous and usually the two conditions are classified together. In other languages, the word eczema implies a chronic condition and dermatitis refers to an acute one.

The term "eczema" covers a range of persistent skin conditions. These comprise recurring skin rashes and dryness that have associated signs of itching, dryness, flaking, crusting, bleeding, oozing, skin oedema or swelling and blistering. Every so often, temporary skin discoloration may result. What's more, scratching open a lesion that is in the healing process can enlarge the rash and can result in possible scarring.

Classification

Describing eczema can be confusing. It can be described by location, by possible cause or by specific appearance. Numerous sources likewise utilize the words atopic dermatitis that is the most common form of eczema and the term eczema interchangeably with can add to the confusion.

These classifications are ordered by the frequency of incidence.

Common

Atopic eczema, that is also called infantile eczema, flexural eczema or atopic dermatitis, is an allergic disease thought to have a hereditary factor. Atopic eczema is prominent in families with members who likewise suffer from asthma. There tends to be an itchy rash which develops on the head and scalp, the inside of elbows, on the buttocks and behind the knees. This kind of eczema is rather common in developed nations. It can be hard to differentiate between irritant contact dermatitis.

Contact dermatitis falls into two categories: allergic and irritant. Irritant dermatitis can result directly from a reaction to anything specific such as a detergent like sodium lauryl sulphate. Allergic dermatitis could occur as a result of a delayed reaction to particular allergen like nickel or poison ivy. Wet cement is an example of a substance that acts as both an irritant and an allergen. Phototoxic dermatitis could happen together with other substances after sunlight exposure. Approximately three quarters of contact eczema cases are the irritant kind. This is the most common occupational skin disease. If traces of the offending substance can be removed from one's environment and avoided, contact eczema could be curable.

There is a kind of eczema that becomes worse in dry winter climate and normally affects the trunk and the limbs. It is referred to as xerotic eczema or craquele eczema, asteatotic eczema, winter itch, pruritus hiemalis or craquelatum eczema. The tender, itchy skin resembles a dry and cracked river bed. This particular condition is extremely common among older patients. A related disorder is Ichthyosis.

Cradle cap in infants is officially referred to as Seborrheic or Seborrhoeic dermatitis. This is a condition which is usually classified as a kind of eczema which is connected directly to dandruff. It causes a dry or greasy flaking of the scalp and can also affect the face, eyebrows and at times the trunk. This is considered a harmless condition except in severe conditions of cradle cap. In newborns, it presents as a thick, yellow, crusty scalp rash which is known as cradle cap. This condition has been associated to a lack of biotin and is generally curable.

Less Common Kinds of Eczema

Another kind of eczema is referred to as Dyshidrosis or dyshidrotic eczema, pompholyx eczema, housewife's eczema or vesicular palmoplantar dermatitis. This type is known for just showing up on the palms, toes and sides of fingers and toes. It presents with small opaque bumps called vesicles, cracks and thickening skin are accompanied by itching which worsens at nighttime. This is a common type of hand eczema and it becomes worse in warm conditions.

Other less common forms of eczema comprise Venous e., Discoid e., DermaDermatitisiformis or Duhring's Disease, Autoeczematization, Neurodermatitis as well as other types that are overlaid by viral infections. Some eczemas result from underlying disease, as in lymphoma for example. There are various other rare eczematous disorders that exist in addition to these as well.

Cause

Several professionals have attributed eczema to the hypothesis of hygiene. The cause of eczema, according to this particular theory is asthma and other allergic diseases is because of an overly clean environment. This theory is supported by epidemiologic studies for asthma that states that during development it is essential to be exposed to bacteria and immune system modulators and hence, missing out on this exposure increases the risk for allergy and asthma.

One other theory states that the excrement from house dust mites cause the allergic reaction of eczema. Although 5% of individuals show antibodies to the mites, the hypothesis awaits further corroboration.

Diagnosis

Usually the diagnosis of eczema consists mostly on history and physical examination. Nonetheless, some cases can need a skin biopsy.

Prevention

Individuals suffering from eczema must not receive the smallpox vaccination because of the possibility of developing eczema vaccinatum. This is a potentially severe and at times fatal complication.

Treatment

Since there is no common treatment for eczema, general treatments comprise the control of symptoms by reducing inflammation and relieving the itching. Medications that are accessible consist of hydrocortisone, corticosteroids, injectable or oral corticosteroids. These come with various possible side effects, most usually thinning the skin, although there is ongoing study in this area. Usually, these steroids are to be used really carefully and a little goes a long way.

Due to probable risk of skin cancers and lymph node cancers, a public health advisory has been issued by the FDA on the use of immunomodulators. Various professional medical organizations don't agree with the FDA findings.

Immunosuppressant Therapy

Some severe cases of eczema are treated with immunosuppressant drugs. These are occasionally prescribed and could yield dramatic improvements to the patient's eczema but because they dampen the immune system, they could have major side effects. To be able to be on this form of therapy, patients be carefully monitored by a doctor of medicine and undergo blood tests on a regular basis.

Itch Relief

Using antihistamine and different anti-itch drugs could help in the treatment of the itching element of eczema. By initiating a sedative effect, these work to reduce irritation and damage to the skin. Several popular sedating antihistamines comprise Phenergan or Benadryl. Moisturizers are likewise applied to the skin to help the healing and soothing purpose. Capsaicin applied to the skin acts as a counter irritant and hydrocortisone cream is likewise used, although, a lot of health food stores provide some preparations along with essential fatty acids and tea tree oil as an alternative.

By applying cool water via a wet washcloth, a bath or swimming, a lot of patients have found quick relief. One more proven soothing treatment is to apply an icepack wrapped in a soft cloth or even utilizing air blowing from an air conditioning vent.