Eczema

Eczema literally means "boil over". The term eczema and dermatitis are used interchangeably.

Two classification: i) Endogenous (Internal or constitutional)
ii) Exogenous (External agents).

Depending on morphology:

i) Acute Eczema → Pruritis, Erythema, edema, vesiculation, oozing, crusting, scaling

ii) Chronic Eczema → Pruritis, lichenification, excoriation, hyper or hypo pigmentation

Classification:

Endogenous	Exogenous	Unclassified
* Atopic dermatitis	* Allergic contact dermatitis	* Asteatotic eczema.
* Seborrhoic dermatitis	* Irritant contact	* Lichen simplex chronicus.
* Nummular eczema	* photosensitive	
* Stasis eczema	* Infective eczema	
* Pompholyx		

Endogenous Eczema:

Atopic dermatitis

- It is intensively pruritic relapsing skin disorder that begins within first 6 months of life.
- They have family history of atopy like asthma, allergic rhinitis.

Ethiopathogenesis:

- Inhalents - Pollens, dust mite.
- Microbes - Staphylococcus aureus.
- Foods - Eggs, milk, peanuts, fish, wheat.

Allergens → Antigen presenting cells → CD4+ T cells → Produce cytokines → IL4

Activates B lymphocytes → Produce IgE → Causes Itching and Eczema → Damaged skin produces good environment for S. aureus.

Exacerbating factors:
- Dehydration, Infection, Cold climate, Wool cloth, Stress.

Clinical features:
- Pruritus is main symptom.
Itch → Scratch → Rash → Itch.
- Itching interfere with sleep. Dryness of skin pruritus.

Infants:
- Facial area, cheek, forehead, scalp, Nappy areas spared

Childhood:
- Flexural areas like Antecubital, popliteal fossa, ankle, neck.

Adult: lichenification and excoriation, limb involvement not restricted to flexures, face, cheek.
Smoking leads to blanching and not restored as in normal skin. It is called white dermographism.

Diagnosis: History of atopy, eczema in cheeks before 4 years, flexural areas, dry skin,.
DD: SD, Contact D, Pediculosis, Nummular eczema.

Management: Predisposing factors, Dry skin - for Moisturizer
warm water bath. Antihistamine, Antibiotics.

SEBORRHEIC DERMATITIS:
- Very common, chronic inflammatory dermatosis characterized by erythema and scaling in regions where the sebaceous glands are active.
- In infants called cradle cap, and most common after puberty and in male.

Etiology:
- Unknown, Malassezia furfur said to play a role.
Abnormalities of sebaceous gland.

Clf:- Scalp and face:- Greasy or dry scaling, erythematous macules, papules, other site eyebrow, lash, beard.

Management: Shampoo, Infrequent removal of crust with oil,

Nummular Eczema (Discoid Eczema)

- Chronic pruritic inflammatory characterized by coin shaped erythematous plaques with exudation and crusting.
- Lesions are seen in clusters in lower part of legs or trunk in male, and hands and fingers in females.
- It has tendency to recurrance.

Management: Antihistamine, Antibiotics.

4) Stasis Eczema:

Chronic venous insufficiency leads to stasis eczema (Varicose eczema) in lower parts of legs.

Pathogenesis:

Incompetence of valves → ↑ Hydrostatic pressure → leaking of fibrinogen → Impaired oxygen diffusion.

C/F:

- Inflammatory edema, papules, scaling, crusting, excoriations, pigmentation, with hemorrhages.
- Contact dermatitis may coincide

Management: Raise the legs, stocking, topical steroids

5) Pompholyx

It is acute, chronic disorders of the lateral aspect of the fingers, palms, soles characterized by deep seated pruritic vesicles and later by scaling, fissures and lichenification.

- Recurrence is rule, Secondary infection common.

Exogenous Eczema

Contact Dermatitis

- It is the reaction to substance that come in contact to the skin.
  - CD - ICD → (Chemical irritant)
  - ACD → (Allergen, Type IV hypersensitivity)

Irritant Contact Dermatitis:

- Caused by exposure of skin to chemical or physical agent that cause cell damage.
- It depends upon the concentration of agent and the thickness of stratum corneum.
- Acute ICD occur due to acid, chloroform, methanol.
  Erythema to vesiculation and later scaling, erosion. lesions are sharply demarcated. crusting.
- Most case caused by combination of water, soap, detergents and cause chronic disturbance to the skin. Hands are affected mostly.
  Dryness, chapping, scaling, fissuring, crusting.

Allergic Contact dermatitis

- It occurs only in sensitized individuals.
- Eruption worsen on repeated exposure starts after 48 hrs or few days.
- First starts in area of contact and later to other parts.
- In acute erythema, papule, vesicle, erosion, scaling.
- In chronic, lichenification, fissuring, scaling, crusting.

Patch test

Done to identify specific allergen. Sensitization is prevent all over. So it provokes eczema.
Upper back is prepared site, the allergen produce reaction after 2 days.

Photodermatitis

- It is an abnormal response to the sunlight and affects the sunexposure areas like face, dorsal sides of hand, neck & arms, extremities.

Sunburn: Inflammatory response of normal skin due to UVB rays. Common in fair skin people. Erythema, edema, vesicle, bullae, Erythema followed by pigmentation

Drug or chemical induced photoallergy.

Idiopathic

Asteatotic Eczema

- Dry eczema in the elderly in the lower legs.
- Crazy paving pattern of fissuring on erythematous base.
- Dry winter climate, overwashing aggravates.

Lichen Simplex Chronicus

- It is lichenification due to rubbing or scratching or a habit due to stress.
- The skin becomes hypersensitive to stimuli
- Common in elderly female
- In legs, back of neck.
- Single plaque of lichenification.

Infective Eczema

- It is an eczema that occurs secondary to an infection of skin.
- It occurs around discharging wounds, ulcers, sinus.
- It should be differentiated from primary eczema complicated by secondary bacterial infection