



The Corner

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37. Eczema: outpatient visit

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Mother: Mónica Gómez de Pablos Romero. Adjunto de Pediatría de la Clínica Universidad de Navarra. Pamplona

Doctor: Good morning, Mrs. Blackwood. What brings you here today?

Mother: Good morning Dr. Philips. Diana, my 6 month-old daughter has some sort of irritation on her skin. I think it's itchy because she feels uncomfortable and fidgety and she tries to rub it. She doesn't have any other symptoms though.

Doctor: When did you first notice the irritation? Where did it first appear?

Mother: It appeared as a rash on the cheeks like 1 week ago, but I thought it was due to her drooling, but now she also has red lesions on her arms.

Doctor: OK, have you used a new cream or shower gel or detergent?

Mother: no that I recall, I only applied almond oil which the pharmacist recommended.

Doctor: She hasn't developed any allergies yet, has she? Have you already started with complementary feeding?

Mother: We have started with complementary feeding, but she hasn't had any allergic symptoms apart from this rash.

Doctor: No vomiting or trouble breathing?

Mother: No, none of that.

Doctor: Alright, did the rash appear after eating something?

Mother: No, I don't think I can relate it to that.

Doctor: Very well, let's take a look at Diana, then. Please undress her so I can examine her whole body.

I see, red, scaly, and crusted lesions with a bit of swelling on her cheeks and forearms. She also has a few rough reddish bumps on her scalp. There are no lesions on her thighs, trunk or diaper area. The rest of the physical examination is normal.

Mother: So what do you think it is?

Doctor: She has dermatitis, which is an inflammation of the skin. There are several types of dermatitis: allergic, seborrheic, contact... However, according to the clinical course and the location of your daughter's rash, to me it looks like atopic dermatitis. It's a very common condition in babies and children. It usually first appears between 3 and 6 months of age.

Mother: What causes it?

Doctor: The exact cause of atopic dermatitis is not known. But genes, an immune system that isn't fully developed and environmental factors are linked to it.

Mother: I don't remember her father or me having dermatitis, maybe in our childhood. Does that mean she will have this dermatitis forever?

Doctor: Atopic dermatitis is a chronic and relapsing inflammatory condition of the skin which has an evolution in forms of outbreaks and it can last until adolescence or adulthood. However, with proper treatment and medication, the disease can be well controlled.

Mother: So what is the treatment?

Doctor: Right now she has an outbreak, so we have to treat her with a corticosteroid cream to lower the inflammation, I'll give you the prescription right now. In general, it is important to use moisturizing lotion or ointment and avoid irritants to prevent these outbreaks.

Mother: What irritants should I avoid?

Doctor: I recommend you to avoid as much as possible chemicals, dust mites, or pet dander. I would also use cotton instead of wool or other rough fabric and bathing with a gentle cleaner or body wash rather than soap.

Mother: Can I bathe her daily?

Doctor: Of course, you can bathe her daily, although it isn't necessary. If you do, I advise you to give her short baths with warm and not hot water, and gently dry her skin afterwards, always remembering to apply moisturising lotion or cream.

Mother: Is there anything else I can do to prevent the outbreaks?

Doctor: Yes, trim or file Diana's nails to keep them short and prevent scratching. Also, try to keep her cool; getting hot and sweating can make her more uncomfortable.

Mother: Is there anything else I should be concerned about?

Doctor: Well, the lesions can get infected, but that shouldn't happen if you keep them clean and avoid scratching. Also, children with atopic dermatitis may be more prone to food allergies.

Mother: If I prevent my child from being exposed to food allergens, will her eczema go away?

Doctor: No, unfortunately it won't. You can introduce complementary food normally, simply watching for allergy symptoms such as a sudden rash, difficulty breathing or vomiting. In that case, you should take her to the ER.

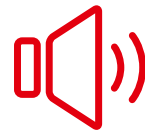
Mother: thank you very much, Doctor Philips.

Doctor: Here is your prescription. Apply methylprednisolone aceponate cream on the lesions at night; it is important that you avoid direct sunlight while the cream is on. The treatment duration will be of 5 to 7 days, depending on when the eczema improves. You shouldn't give this cream for more than 10 days, since prolonged use of corticosteroids isn't beneficial and can have side effects on the skin.

KEY WORDS

Eczema: eczema.
 Skin: piel.
 Fidgety: inquieto.
 (To) rub: frotar(se).
 Cheeks: mejillas.
 Complementary feeding: alimentación complementaria.
 Scaly: descamativo.
 Crusted: engrosado.
 Forearms: antebrazos.
 Rough reddish bumps: placas rugosas y eritematosas.
 Scalp: cuero cabelludo.
 Thighs: muslos.
 Trunk: tronco.
 Diaper area: área del pañal.
 Atopic dermatitis: dermatitis atópica.

Linked to: asociado.
 Childhood: infancia.
 Relapsing: recidivante.
 Outbreaks: brotes.
 Prescripcion: receta.
 Moisturizing lotion: loción hidratante.
 Dust mites: ácaros.
 Pet dander: pelusa de mascotas.
 Cotton: algodón.
 Wool: lana.
 Rough fabric: tejido áspero.
 Gentle cleaner: limpiador suave.
 Soap: jabón.
 Trim or file nails: cortar o limar uñas.
 Scratching (to scratch): rascarse.
 Sweating (to sweat): sudar.
 To be concerned: estar preocupado.
 To be prone to something: estar predispuesto a algo.
 Side effects: efectos secundarios.



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