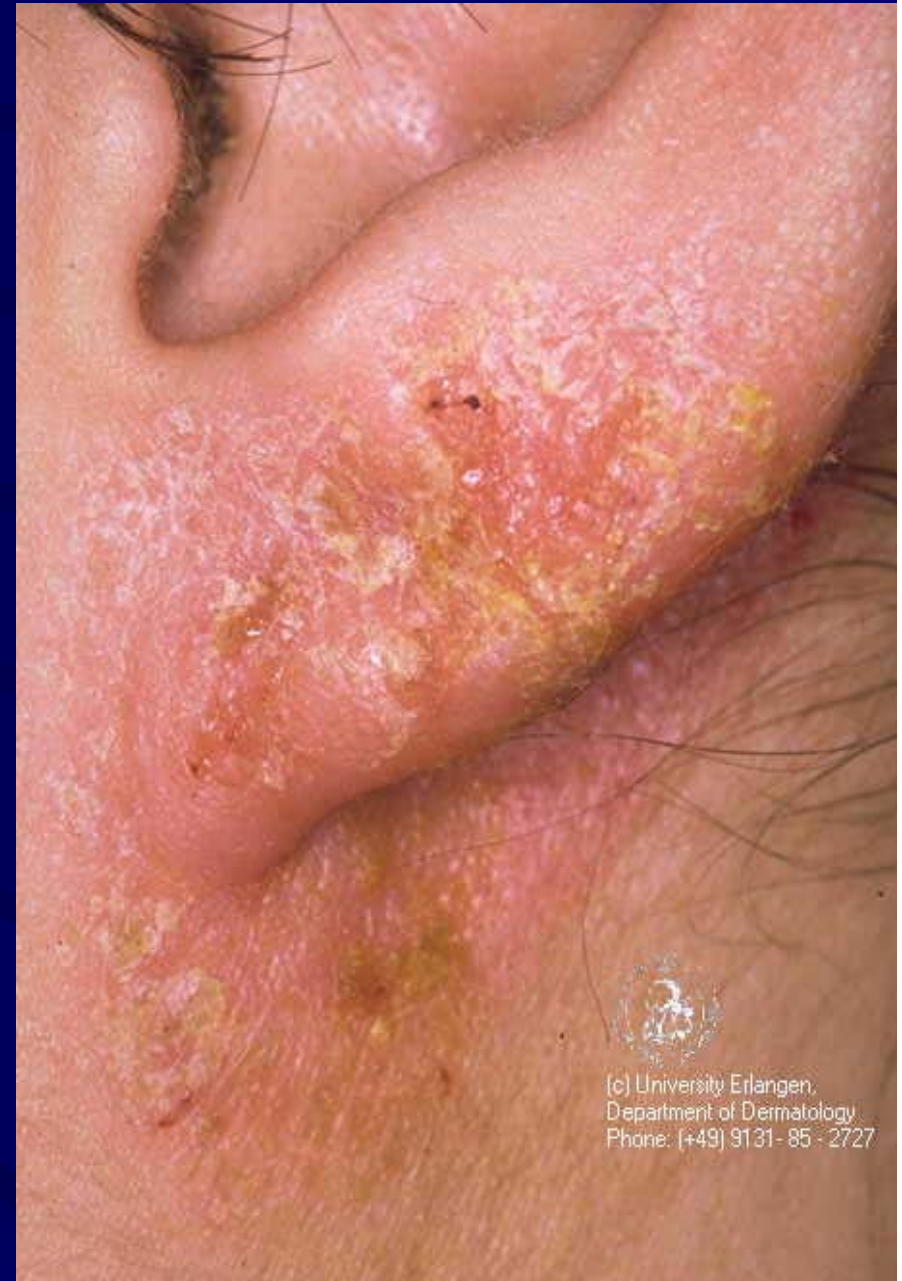


ECZEMA

- Inflammatory skin reaction
- Itching, erythema
- Papulovesicles & scaling
- Histopathological -Spongiosis



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CLASSIFICATION

- Endogenous
- Exogenous

Endogenous Eczema

- Atopic Dermatitis
- Seborrheic Dermatitis
- Asteatotic Eczema
- Discoid Eczema
- Pityriasis Alba
- Hand Eczema
- Gravitational Eczema

Exogenous Eczema

- Irritant dermatitis
- Allergic contact dermatitis
- Photo allergic CD
- Polymorphic light eruption
- Infective eczema
- Post traumatic

On HPE basis

Acute

Spongiosis & vesicle form

Sub acute

Spongiosis & vesiculation ↓
Acanthosis ↑

Chronic

Hyperkeratosis, parakeratosis

ATOPIC DERMATITIS

- Chronic
- Relapsing
- Itching
- Inflammation
of skin



Atopy

- Collective term
- Asthma & Hay fever
- Family history of susceptibility

Diagnostic Criteria

- Itchy skin condition
- Plus 3 or more of following –

- i) Onset below 2 years
- ii) Flexural dermatitis history
- iii) History of dry skin
- iv) Personal or family history of atopy
- v) Visible dermatitis



- Family history positive
 - 70%
- Immunologically
 - formation of IgE
 - ↓ in susceptibility to delayed H⁺S



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White Dermographism

-Small blood vessel tendency to vasoconstrict



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Clinical Features

Any age

-usually 2-6 months

Seasonal exacerbation

-spring & autumn



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- Dryness
- Erythema
- Eczematous
- Lichenification
- Secondary infection



- Excoriations



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- Dennie Morgan fold



Site variable

Infantile

- face
- extensors



Infantile



Childhood –
Flexures of elbows
knees
Hand eczema



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Adult

-Flexures,

-Lichenification

-Photosensitivity



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Associations

Allergic rhinitis & asthma -30-50%

Liplick eczema



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Nipple eczema



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Secondary Dissemination

- Preceded by exacerbation at 1° site
- Sudden
- Secondary eruption
 - papules
 - eczematous
- Generalized
 - Erythroderma



Complications

- Psychosocial impact
- Retarded growth
- Bacterial infections
- Viral infections
- Eczema herpeticum (Kaposi's varicelliform eruption)

Natural history

-Onset below 5 years – 80-90%

Spontaneous improvement

-50% clear by 13 years

Differential Diagnosis

Scabies

Seborrheic Dermatitis

Treatment

Ist Line

- Reduction of trigger factors
- Bathing & Emollients
- Topical therapy-Topical steroids

Tar

Tacrolimus

Oral Therapy

- Antihistamines

- Antibiotics

IIInd Line

(Who fail to respond to intensive topical therapy)

- Allergy management
- UV Irradiation
- Photo therapy

IIIrd Line

- Low dose cyclosporin
- Oral Steroids
- Desensitization

Asteatotic Eczema

(Eczema craquale/ Senile eczema)

↓ in surface lipid

- Age
- Illness
- Malnutrition
- Hormonal decline



- Low environment humidity
- Diuretics
- Zinc deficiency



Clinically

- Elderly people

legs

arms & hands

- Winter

- Dry & scaly crisscross lines



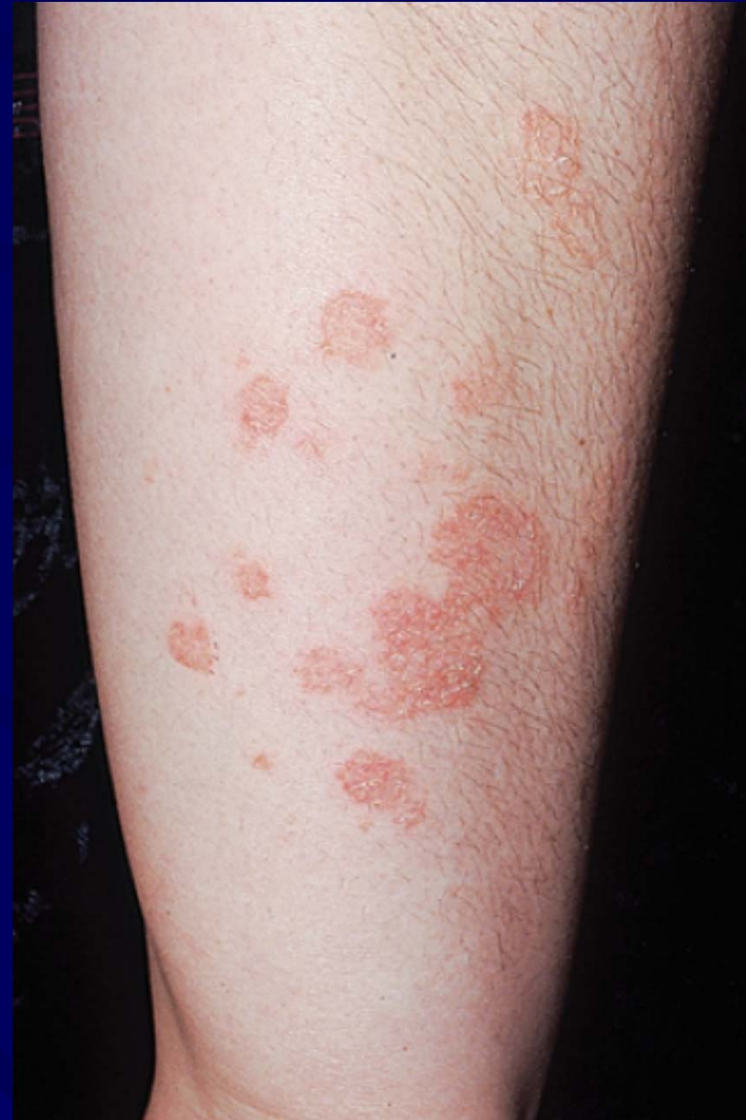
Treatment

- Humidification
- Emollients
- Topical steroids

Discoid Eczema – Nummular

Eczema

- incidence of atopy
- Dry skin
- Coin shaped lesion



- Vesicles over erythematous base
- Local infection
- Oozing , crusting
- Limbs & trunk



Treatment

-Emollients

-Topical steroids

-Antibiotic



Seborrheic Dermatitis

Areas rich in sebaceous glands-

scalp

face

upper trunk

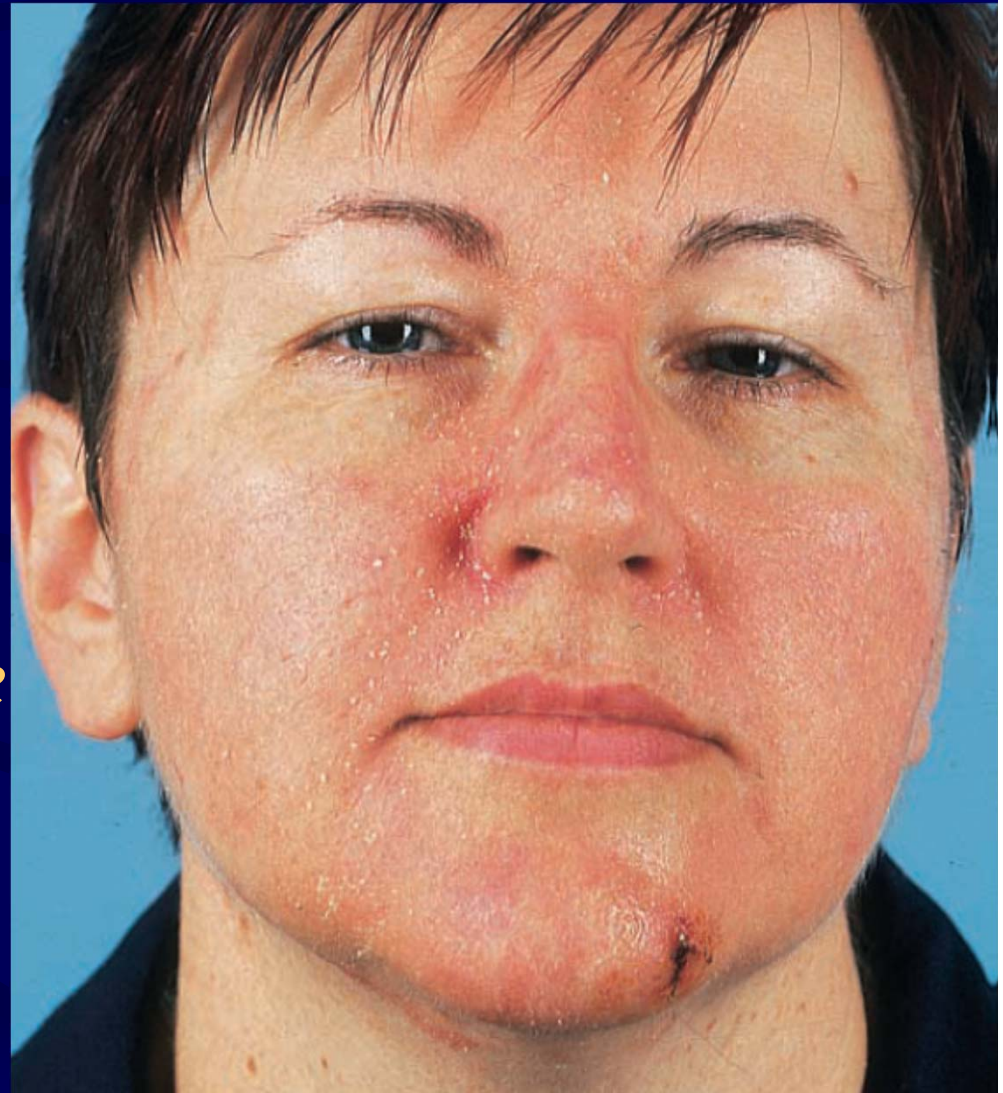
Dandruff-precursor

Redness, irritation

Scaling-greasy & yellow

Etiology-?Unknown

Malassezia ovale



Morphology

Infantile

Cradle cap-scalp

trunk



Adult

Scalp-Dandruff

Inflammatory

-postauricular

Face-Blepharitis



Trunk

-Petaloid

-Pityriasiform

-Flexural

-Follicular



Differential Diagnosis

- Psoriasis
- Pityriasis Rosea
- Drug eruptions

Treatment

Suppressed

No permanent cure

Dandruff

- Medicated shampoos
- Ketoconazole
- Selenium sulphide
- Tar

Acute forms on body

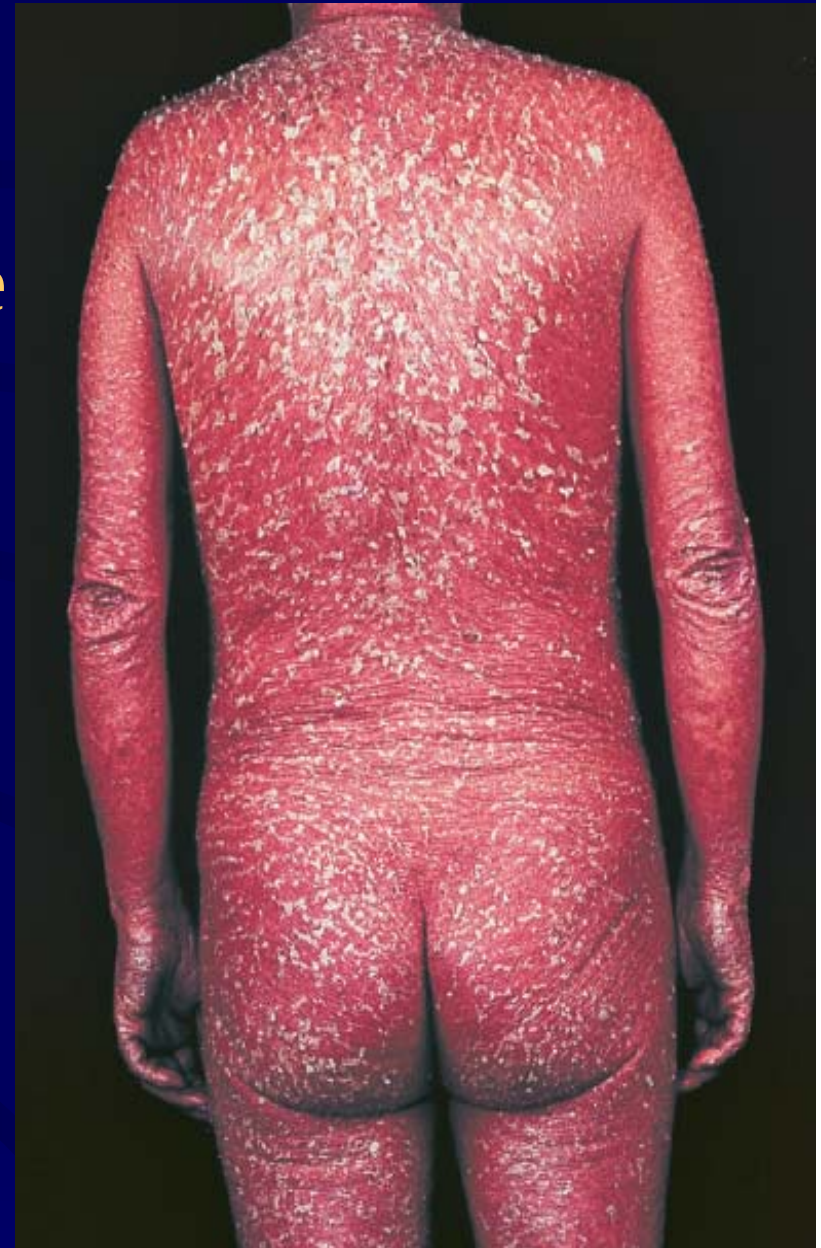
- Steroids topical
- Steroids & Imidazole combination

Resistant

- UVB therapy
- Oral ketoconazole 200mg O.D x 2weeks
- Oral steroids

Erythroderma

- Any inflammatory skin disease
>90 % of body surface
- Primary disease generalizes
disease characteristic lost



Aetiology

- Psoriasis
- Eczema
- Drugs – Arsenic, gold, mercury
- Pemphigus foliaceus
- Lymphomas & Leukaemias
- Others – Scabies, Tinea, PRP

Clinical Features

- Associated with fever
shivering,
malaise
- Scaling appearance in 2-6 days – Flexures
- Skin – Bright red, hot & dry
- Erythema may fluctuate
- Sensation of tightness

Few weeks- Hair may be shed

Nails – ridged, thickened or shed

Dermatopathic LAP

Metabolic Disturbances

↑Skin perfusion

- Hypothermia
- Cardiac output failure
- Compensatory hypermetabolism
- Hypoalbuminemia

Prognosis

Earlier mortality 18-64%

Drugs

- Good prognosis

Eczema/Psoriasis

- Tendency to relapse

Treatment

- Hospitalisation
- Protein & Electrolyte balance
- Circulatory status & temperature regulation
- Urea & Fluid balance
- Soothing emollients or mild steroids

Oral steroids – severe persistent
cases

Treatment of disease

Lichenification

Cutaneous response to repeated rubbing/scratching

- Thickened skin
- Hyperpigmentation
- Accentuation of skin markings



Lichen Simplex

- No known predisposing skin disorder
- Emotional tensions
- Pruritus out of proportion
- 30-50 years age
- Female >Male



Any area convenient to reach

– nape of neck, lower legs, ankles,
thighs, scrotum, pubis

Treatment

Sedative antihistamines

Topical steroid

I/L steroids

Nodular Prurigo

Chronic

intensely itchy nodules

Cause - unknown

- Emotional stress
- Atopy 65-80%



Clinical Features

- All ages (20-60 years)
- both sexes
- Hard nodule, 1-3cm dia,
- Warty surface
- Distal parts of limbs
- Intense pruritus



Differential Diagnosis

Hypertrophic LP

Treatment

I/L steroids

Thalidomide

PUVA, Cyclosporin

Hand Eczema

iology

ogenous

ntact- irritants

-Chemical

-Physical



Endogenous

- Idiopathic –discoïd
- Immunological – atopico
- Dyshidrosis

Morphological types

ompholyx

Sudden onset

Crops of vesicles

Deep seated

Sago grain like



- Sides of fingers, palm
- Subsides spontaneously
- Resolution with desquamation

Recurrent focal palmar peeling

- Hyperkeratotic
- Scaly, fissured hyperkeratotic
- Resistant to treatment

Ring eczema

Wear & tear dermatitis or

House wives dermatitis

Combination of

- Dryness
- Mild irritants
- Mild trauma

Contact allergens

Following infection

More in Females

Occupations-

Nursing/ Hair dresser

gertip Eczema

mb & forefinger

ferential Diagnosis

- Psoriasis
- Tinea Manuum



Treatment

- Avoidance of irritants

Emollients

- Topical steroids

Others

- Tar
- Salicylic acid
- PUVA & UVB therapy

tyriasis Alba

on specific dermatitis
unknown origin

children 3-16 years

initially erythematous &
scaly

depigmented patches
face & upper trunk

persist for about a year



Treatment

- Emollient
- Mild topical steroid

avitational Eczema

ous/ Stasis Eczema

ondary to venous hypertension

ometimes varicosities

ver legs

iddle aged/ elderly patient

lema, purpura, ulceration



reatment

upport stockings

(crepe bandage)

levation & Exercises

opical steroids

