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Eczema: The Itch and Rash Cycle – Which comes First?

People who live with eczema know it is complex, chronic and disruptive. The term “eczema” is from Greek derivation and means to boil over. Many severe eczema patients feel they are “boiling” over when their skin is red, raw, irritated and itchy.

Affected individuals have an overly sensitive immune system combined with a deficiency of a protein called filaggrin in the epidermis. But there are also aggravators like stress, allergens, irritants, infection and humidity. More that 30% of the population is afflicted with

eczema, and 85% of those individuals are under the age of 5. Once the cycle of itching and “rashing” starts, it is difficult to control. Patients may have interrupted sleep cycles, altered diets and sometimes behavioral issues since they cannot easily get comfortable and occasionally get attention due to their ailment.

A subcategory of eczema is atopic dermatitis – a triad of eczema, food allergies and reactive airway disease. The common denominator is sensitization of IgE, immunoglobulin E, an antibody that is activated in these three conditions.

Treatment is a multi-pronged approach.

Barrier protection – When the top layer of the epidermis is broken, skin can be sensitive, ripe for infection, and dry. Maintenance of eczema treatment is lotions, creams or ointments and

gentle non-detergent based unfragranced cleansers.

Anti-Inflammatory – This typically entails topical, oral or ultra-violet treatments, most commonly topical steroids. The goal is to balance the immunosuppression and relief that steroids provide with the side effects of absorption and thinning of the skin.

Avoidance – Understanding individual triggers like dander, smoke, stress or chemicals can help ease the outbreaks. Detective measures by a dermatologist include patch testing of common allergens on the skin.

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