

Allergic Skin Conditions

What are allergic skin conditions?

- There are different types of allergic skin conditions.
 - ~ Eczema (atopic dermatitis) is a long-lasting skin condition in which the skin is overly sensitive to many things. It can affect older children most often in the inside of the elbows, back of the knees, wrists, and neck. In younger children, it may just cause dry, rough patches of skin, particularly in the face and trunk. Sometimes the patches become open or even infected. It may appear thickened and leathery and occasionally leave scars.
 - ~ Hives (urticaria) are patches of itchy, swollen skin that move to various parts of the body. They can be small and look like insect bites, or the patches can blend together to form bigger areas. Hives are always very itchy and are sometimes made worse by pressure, heat, or stress. Hives do not scar or leave marks; however, scratching the hives can lead to a secondary infection, which may require further treatment.
 - ~ Contact dermatitis is caused by a reaction to something touching the skin. Two common examples are poison ivy and a rash around the belly button in people who are allergic to nickel (which is often found in fasteners on waistbands of pants). It may occur in the diaper area if the baby is allergic to the scent or dye used in the diaper. Contact dermatitis usually goes away when the irritant is removed.
- None of these conditions are contagious.

How common are they?

Estimates are that up to 20% of infants and young children may be affected by eczema at some point. There is no good data about how frequently hives and contact dermatitis occur.

What are some characteristics of children with allergic skin conditions?

- Children with eczema tend to have allergies and may have other signs of hay fever such as nasal congestion, sneezing, or itchy eyes. Children with hives or contact dermatitis do not always have other allergy symptoms.
- Food allergies, nasal allergies (allergic rhinitis), and asthma are more common in children with eczema.
- Eczema can be mild or severe.
- Eczema and hives may come and go especially in allergy season, but are commonly present all year long.



Child with an oval crusted eczema lesion

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Child with urticaria wheals with multiple shapes

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Child with contact dermatitis

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► *continued*

Allergic Skin Conditions, continued

- Children may scratch their skin and cause a skin infection, and they can be irritable if they are itchy.
- Eczema can be a lifelong condition but tends to have periods where it is better and worse. It often improves by school age.
- Hives can occur periodically but tend to resolve within a week or two.

Who is the treatment team?

- The primary care provider in the medical home
- Allergists and dermatologists

What adaptations may be needed?

Medications

- Medications can be given to relieve the symptoms or cure the condition. Some of these medications are prescription and others are over the counter.
- Moisturizers.
- Antihistamines.
 - ~ Classic—diphenhydramine (Benadryl), hydroxyzine (Atarax), and others. These medications can cause drowsiness in some children. Oddly enough, some children become hyperactive with these medications and it is often difficult to predict what the reaction will be beforehand in each child.
 - ~ Non-drowsy—cetirizine (Zyrtec), loratadine (Claritin), and fexofenadine (Allegra). These medications tend to cause less drowsiness but may not control the itch as well.
- Steroids can be applied as a cream or an ointment. They can also be given orally in severe cases. There can be skin changes if strong steroid creams are used for prolonged periods. Side effects of oral steroids include appetite and mood changes, especially if used for more than a few days.
- Immune modulators like tacrolimus (Protopic) or pimecrolimus (Elidel) are sometimes used in eczema.
- Injected epinephrine (EpiPen) may be prescribed if the child has more serious associated allergies (anaphylaxis).
- Antibiotics are used if a bacterial skin infection is making the eczema worse.
- Caregivers should be given information about any medications the children are taking.

Dietary considerations

Avoid food allergens.



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Child with contact dermatitis from the nickel in an earring

Physical environment

- Children may need to avoid things that aggravate their allergy like latex, food, creams, metals, or perfumes.
- Extremes of temperature can aggravate some skin conditions but has to be balanced with the child's need to play. Avoid dust, perfumes, chemicals, and furry animals. Avoid wetting and drying the skin. Special precautions may be necessary for swim activities.
- Eczema is helped by frequent moisturizing of the skin. You may want the child to decorate a pot to put the moisturizing cream in.
- Avoid contact with other blistering skin conditions like a cold sore or chickenpox.
- Try to relieve itching with cool compresses.
- Avoid tight-fitting or scratchy clothing like wool. Sand or dust may make itching worse.
- Avoid vigorous rubbing of the child's skin when drying after cleaning.
- It can be frustrating for children to hear "Don't scratch!" all day, so try distraction—read a story or do a special activity.

What should be considered an emergency?

- Acute hives can be a sign of anaphylaxis, or they can just be a skin problem. Be very aware of other symptoms such as breathing difficulty, throat swelling, color changes, or stomach cramps in a child who has hives. Call emergency medical services/911 if these or any other serious symptoms develop.

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Allergic Skin Conditions, continued

- If the child has injectable epinephrine prescribed, use it as directed.
- Eczema and contact dermatitis are not emergencies.

What types of training or policies are advised?

- Avoiding triggers
- First aid for rashes

What are some resources?

- National Institute of Arthritis and Musculoskeletal and Skin Diseases (part of the National Institutes of Health), www.niams.nih.gov
- American Academy of Dermatology, www.aad.org
- National Eczema Society, www.eczema.org

