

# BIODERMA

Laboratoire Dermatologique

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## Atopic Dermatitis



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# 1 General facts

## Atopic Dermatitis



INCREASING

 **20% of children**  
under the age  
of 11

### Description

It is a chronic skin problem (develops over time - symptoms come and go), which is not too serious, non-contagious and which generally disappears with time.

However, it can be painful and uncomfortable to undergo (itching, dry skin ...).

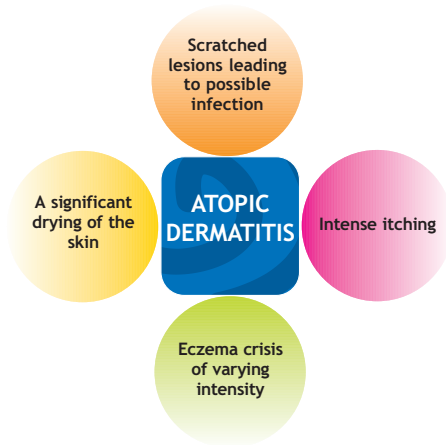
The Laboratory **Bioderma** kindly reminds you of the essentials

# 2 How to identify it?

It is of course recommended to consult a dermatologist in order to obtain proper diagnosis. However, here are some tell tail signs.

Atopic Dermatitis, also known as Eczema, appears as a dry itchy skin with red patches. Patches reoccur successively and persist on very dry skin during an Eczema crisis.

Atopic Dermatitis is characterised by :



Atopic Dermatitis primarily affects children (20%) but also adults (5%). Amongst children, this skin problem varies according to age.

**Under the age of 2**

Affected areas : cheeks, forehead, chin, head ...

Type : lesions and red patches, which are often spread out.

**Between the age 2 and 7**

Affected areas : back of the knees, elbows, neck...

Type : dry and thick lesions, persisting red lesions.

**Over the age of 7**

Sudden inflammations interrupted by remissions. Evolution up to remission.

The diagram shows three rows of illustrations of children's bodies with red patches indicating affected areas. The first row, labeled 'Under the age of 2', shows patches on the face (cheeks, forehead, chin) and neck. The second row, labeled 'Between the age 2 and 7', shows patches on the back of the neck, elbows, and back of the knees. The third row, labeled 'Over the age of 7', shows patches on the elbows and knees.

# 3 What are the causes?

There is a genetic predisposition to Atopic Dermatitis. In fact, it appears in the event of an allergic family background called ATOPY.

50% of children whose parents are allergic develop Atopic Dermatitis.

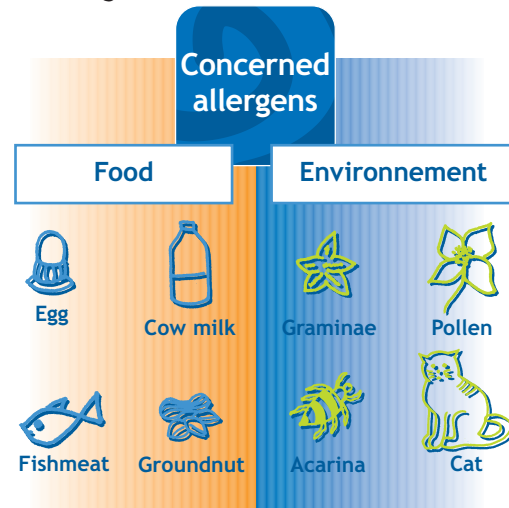
There are two major causes that explain the appearance of Atopic Dermatitis:

① **Failure of the skin barrier function:** the skin is like a wall, the bricks of which represent cells stuck together by a kind of cement composed of inter-cells. In the event of Atopic Dermatitis, the **intercellular cement is damaged** and subsequently no longer provides a sufficient cohesion between the cells and the skin. The skin is **more permeable**, there is an increased **water loss** (dryness of the skin) and **aggressors** (allergens) **penetrate more easily**.

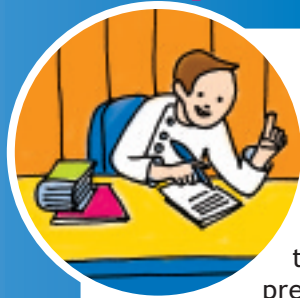
② **Problems affecting the natural defence system:** In the presence of a **foreign allergic substance**, the natural skin defence system overcompensates. The skin then reacts by Eczema crisis characterised by **itching, red patches** and **oozing lesions**.

Eczema crisis may be related to :

- An otolaryngology infection or illness : otitis, cold, teeth growth...
- Psychological factors: stress, emotions...
- Climatic or seasonal factors: winter, cold
- Allergens



# 4 What are the adapted treatments?



Preventive treatments consist in **restoring the skin barrier** function (via creams, bath oils...) and in **limiting or even avoiding contact with allergens**. During a crisis, treatment mainly consists in the prescribing of dermo-corticoids and / or local immune-suppressors (after medical diagnosis).

## Acute treatments

### Dermo-corticoids:

They are a highly effective treatment during outbreaks of Atopic Dermatitis. Even though some parents are quite wary of them, they are well tolerated providing the prescription of the dermatologist is followed. However, corticoids may generate side effects and a long term use is not recommended.

### Immune-suppressors:

They are prescribed only in the event of an inadequate reaction or of an intolerance of standard treatment.

## Basic treatments and/or preventive treatments

### Dermo-cosmetic products:

**Hygiene** : It is advised to use a **mild washing product, which is soap-free, fragrance-free**, without preservatives and adapted to sensitive skin. These products respect the skin barrier and reduce the risk of irritation.

**Skincare**: emollient creams are very important for the treatment of Atopic Dermatitis as they **can be used in conjunction with medical treatment during outbreaks** or alone in-between outbreaks. They **prevent outbreaks, postpone their re-occurrence** and **reduce** the need for corticoid use. By restoring the skin barrier functions, they prevent the drying of the skin, prevent the penetration of allergens and soothe the itching.

# 5 The right things to do



## Washing

- Keep water to a maximum temperature of 35° - 36°C
- Avoid having long baths or showers (maximum 5-10 minutes)
- Use a mild washing product without preservatives and fragrance-free
- Dry your child by dabbing the skin delicately



## Moisturizing

- Apply a dermatological emollient cream as often as necessary
- Massage into your child's body gently.



## Clothing

- Only use cotton clothing
- Avoid rough and irritable fabrics (wool) and those which encourage sweating (nylon, polyamide...)
- Wash clothes with a conditioner-free washing powder and rinse thoroughly

## Home

- Air the rooms as much as possible
- Do not overheat rooms during winter and humidify the atmosphere
- Remove dust and acarina (avoid carpets and fluffy toys...)



## Food

- Do not impose on your child a strict diet, unless a doctor has identified allergic foods
- Do not deprive your child of their pets, but in the event of a severe allergy, reduce contact.



## Sun exposure

- The sun has a positive effect on the symptoms of Atopic Dermatitis. However, one must remain careful and use sun-protection screens during sun exposure.

