# Understanding eczema in children: From diagnosis to daily management.

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### Introduction

Eczema, also known as atopic dermatitis, is a common skin condition that affects many children. Characterized by red, itchy patches of skin, eczema can be both physically uncomfortable and emotionally distressing for children. Understanding the causes, recognizing the symptoms, and learning how to manage the condition are essential for parents and caregivers. With the right approach, children with eczema can lead active, healthy lives without being overly limited by their condition. This article explores the diagnosis of eczema in children and provides strategies for its daily management [1].

Eczema is a chronic condition that causes the skin to become inflamed, itchy, and irritated. It typically starts in early childhood, and although it may improve with age, many children experience flare-ups throughout their lives. The exact cause of eczema is not fully understood, but it is thought to result from a combination of genetic and environmental factors. Children with a family history of allergies, asthma, or eczema are more likely to develop the condition [2].

Eczema occurs when the skin's protective barrier is weakened, allowing moisture to escape and irritants or allergens to enter. This leads to inflammation, dryness, and itching. The severity of eczema varies from child to child, and it can affect different areas of the body, such as the face, hands, elbows, knees, and behind the ears [3].

The symptoms of eczema can vary depending on the age of the child and the severity of the condition. Common signs and symptoms include: The most common and distressing symptom of eczema is intense itching, which can be difficult for young children to manage. The itching often leads to scratching, which can worsen the skin's irritation and lead to further inflammation [4].

Eczema causes patches of red, inflamed skin that may appear dry and scaly. In infants, the skin may become crusted or ooze fluid. The skin affected by eczema tends to be very dry, which can lead to cracking and discomfort. Dry patches can appear anywhere on the body. Chronic scratching or rubbing of the skin can lead to thickening and leathery patches known as lichenification, which is common in older children [5].

Eczema often appears on the cheeks, forehead, and scalp in infants, while older children may develop rashes on the elbows, knees, hands, feet, and neck. Diagnosing eczema involves a

thorough evaluation by a pediatrician or dermatologist, who will assess the child's medical history, family history of allergies or asthma, and the characteristic appearance of the rash. In most cases, no special tests are required for diagnosis [6].

However, if the eczema is severe or atypical, the doctor may recommend patch testing to determine if allergens are triggering the condition. Eczema can sometimes be confused with other skin conditions, such as allergic reactions, fungal infections, or bacterial infections. Therefore, a clear and accurate diagnosis is important to ensure that the child receives the appropriate treatment [7].

While there is no cure for eczema, various treatments can help manage symptoms and reduce flare-ups. The primary goal of treatment is to reduce inflammation, relieve itching, and restore the skin's protective barrier. These are commonly used to reduce inflammation and relieve itching. They come in various strengths, and a doctor will recommend the appropriate one based on the severity of the condition and the age of the child [8].

Medications like tacrolimus and pimecrolimus are alternatives to steroids. They help to reduce inflammation and are often recommended for sensitive areas, such as the face and eyelids. Regular use of emollients is crucial to keeping the skin hydrated. Thick, fragrance-free moisturizers should be applied frequently, especially after bathing, to lock in moisture and prevent dry, cracked skin [9].

In cases of severe eczema or when topical treatments are insufficient, oral medications may be prescribed: These can help alleviate itching and are particularly useful if the eczema is triggered by allergic reactions. For short-term use in severe flare-ups, oral steroids may help reduce inflammation. However, due to potential side effects, they are typically used only for brief periods [10].

#### Conclusion

Eczema in children can be challenging, but with the right knowledge and management strategies, it can be controlled. Recognizing the symptoms early, understanding triggers, and following a consistent treatment and skin care regimen are key to managing the condition. With proper care and support, children with eczema can enjoy a high quality of life, free from the physical and emotional burdens that eczema often brings. Parents should work closely with healthcare providers

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to create a tailored treatment plan and ensure that the child's eczema is effectively managed.

### References

- 1. Swami V, Chamorro-Premuzic T, Bridges S, et al Acceptance of cosmetic surgery: Personality and individual difference predictors. Body image. 2009 Jan 1;6(1):7-13.
- 2. Ng JH, Yeak S, Phoon N, et al Cosmetic procedures among youths: a survey of junior college and medical students in Singapore. Singapore medical journal. 2014 Aug;55(8):422.
- 3. Furnham A, Levitas J. Factors that motivate people to undergo cosmetic surgery. Canadian J Plastic Surg. 2012;20(4):47-50.
- 4. Panse N, Panse S, Kulkarni P, et al. Awareness and perception of plastic surgery among healthcare professionals in Pune, India: do they really know what we do? Plastic Surgery International. 2012;20.
- 5. Adedeji OA, Oseni GO, Olaitan PB. Awareness and attitude of healthcare workers to cosmetic surgery in osogbo,

- Nigeria. Surgery Research and Practice. Teratology. 2014 Jun 11;2014.
- 6. Christophers E. Psoriasis—epidemiology and clinical spectrum. Clinical and experimental dermatology. 2001 Jun;26(4):314-20.
- 7. Boyd AS, Menter A Erythrodermic psoriasis: precipitating factors, course, and prognosis in 50 patients. Journal of the American Academy of Dermatology. 1989 Nov 1;21(5):985-91.
- 8. Viguier M, Pagès C, Aubin F, et al. Efficacy and safety of biologics in erythrodermic psoriasis: a multicentre, retrospective study. Br J Dermatol. 2012;167(2):417-23.
- 9. Astrom A, Tavakkol A, Pettersson U, et al Molecular cloning of two human cellular retinoic acid-binding proteins (CRABP). J Biol Chem. 1991;266:17662–6.
- 10. Rosenbach M, Hsu S, Korman NJ, et al. Treatment of erythrodermic psoriasis: from the medical board of the National Psoriasis Foundation. Journal of the American Academy of Dermatology. 2010 Apr 1;62(4):655-62.

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