Atopic Dermatitis
• Itchy, chronic, or chronically relapsing, inflammatory dermatosis

• Itchy papules (vesicles in infants) which become excoriated and lichenified

• Typical flexural distribution
Host factors

• Genetic predisposition
  - Family history of atopy or asthma
  - Personal history

• Immune dysregulation
  - ↑ IgE
  - ↑ Eosinophils
Environmental factors

• Allergens
  – Inhaled (pollen, animal dander, etc.)
  – Food

• Season
  – ↑ Winter
  – ↓ Summer

• Infection
  – ? S. aureus
  – ? HSV
Clinical features

- Infantile phase (Birth to 2 years)
- Childhood phase (2 years to puberty)
- Adult phase
Infantile phase

- Erythematous papules and vesicles; extremely itchy
- Lesions initially limited to face (cheeks)
- At 8-10 m, spread to extensors of hands and legs
- Typically spares diaper area
Childhood phase

• Lichenified papules and plaques; severe itching, interfering with sleep

• Hands, feet, wrists, ankles, cubital and popliteal fossae

• Facial lesions limited to perioral and periorbital areas
Adult phase

- Dry, scaly, erythematous papules and plaques; tendency to coalesce into large plaques

- Flexures, face, neck, hands, fingers, upper arms and back
Other features (Atopic Diathesis)

- Xerosis
- Icthyosis
- Palmoplantar hyperlinearity
- Dinne Morgan’s fold
- Periorbital darkening
- Pityriasis alba
- Keratosis pilaris
- ↑ Serum IgE and eosinophils
Diagnostic criteria (Hanifin and Rajka)

- Pruritus
- Typical morphology and distribution
- Chronic or chronically relapsing dermatitis
- Personal or family history of atopic dermatitis, asthma or allergic rhinitis

Diagnosis: 3 or more with pruritus a must
Conditions associated with or resembling AD

- Hypereosinophilic syndrome
- Job’s syndrome (Hyper-IgE syndrome)
- Agammaglobulinemia
- Wiskott-Aldrich syndrome
- Cystic fibrosis
- Netherton’s syndrome (ILC, atopy and hair anomaly)
Management

• General measures

• Specific measures
General measures

- Withdrawal of triggers (food, allergens, etc.)
- Cotton clothing (avoid wool)
- Emollients
- Compressions for wet oozing lesions
- Early detection and Rx of infections, if any
Specific measures

• Topical
  - Steroids (mild – moderate potency)
  - Tacrolimus, Pimecrolimus

• Systemic
  - Antihistamines (1st gen)
  - Steroids (severe disease, exacerbations)
  - Immunosuppressives (CI or nonresponsive to steroids)