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# Prevalence of eczema (atopic dermatitis): An inflammatory skin disorder

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## **DESCRIPTION**

Eczema, commonly referred to as "atopic dermatitis," is an inflammatory skin disorder that is not communicable. It is a chronic condition characterised by dry, itchy skin that, when scratched, may drip clear fluid. Additionally, those who have eczema may be more susceptible to bacterial, viral, and fungal skin infections. Patients with atopic dermatitis run the risk of developing asthma, hay fever, and food allergies. Regular moisturising and other skin care routines help reduce itching and prevent future outbreaks. Eczema can lead to some complications like sleep troubles, skin infections, asthma and hay fever, thick and scaly skin. Additional types of eczema. Often, having one type of eczema can increases the risk of developing an another (Diepgen et al., 2007).

Most people experience their first eczema symptoms before the age of five. On their cheeks, scalp, or in the front of their arms and legs, infants may develop red, crusty, scaly regions. On the back of the neck, the knees, and the creases of the elbows, children and adults typically get extremely itchy, red rashes. Additionally, one can have flaky skin and little pimples. The face, wrists, and forearms can also get the rash. Skin may become thick, black, and scarred upon itching. While going to bed at night, itching typically gets worse. Infections can also result from scratching. Red pimples that itch and may be pus-filled can be observed. If this occurs, one should consult the doctor. Other signs of atopic dermatitis include scaly, dry skin; a rash that pops up and then weeps clear fluid; cracked skin that stings and occasionally bleeds; and wrinkles of the skin around the eyes or on the palms of the hands (Hoare et al., 2001).

Eczema's exact cause is unknown; however, many medical experts concur that a combination of hereditary and environmental factors may be a reason. If one or both parents have eczema or another atopic disorder, their children are more likely to have it as well. The risk is increased if either or both parents suffer from an atopic

disorder. The signs of eczema may also be aggravated by certain environmental variables, which include irritants, allergens, microbes, extremely hot and cold temperatures, foods, stress, and hormones (Matthew et al., 1977).

Irritants include fresh fruit, vegetable, and meat juices as well as soaps, detergents, shampoos, and disinfectants. Allergens can cause eczema, including dust mites, pets, pollen, and mold. This condition is called allergic eczema. Microbes include viruses, certain fungi, and bacteria like *Staphylococcus aureus*. Extremely hot and cold temperatures like high and low humidity levels and perspiration from exertion can all aggravate eczema. Foods like wheat, soya, almonds, seeds, dairy, and eggs can all exacerbate eczema flares. Although stress is not a known cause of eczema, it can exacerbate its symptoms. When a woman's hormone levels are changing, as they are during pregnancy and at specific times during her menstrual cycle, she may develop more severe eczema symptoms (Meding et al., 1990).

#### **TYPES OF ECZEMA**

Allergic contact of dermatitis is a skin rash that develops after coming into contact with an allergen or substance that the immune system identifies as imported. Eczema comes in a variety of forms. Other kinds of dermatitis besides atopic include dyshidrotic eczema, neurodermatitis, discoid eczema, and stasis dermatitis. Where dyshidrotic eczema is the term, it describes skin irritation on the palms and soles of the feet. Blisters are its defining feature. The neurodermatitis condition causes scaly skin areas on the lower legs, forearms, and head. Localized itching, such as from an insect bite, causes it to happen. Discoid eczema, sometimes also called nummular eczema, manifests as inflamed skin patches that are itchy, crusty, and scaly. Stasis dermatitis refers to skin irritation on the lower leg, and typically, circulation issues are involved (Sohn et al., 2011).

#### **MEDICATIONS**

To treat the signs and symptoms of eczema, doctors may recommend a variety of drugs, including:

### **Topical Creams and Ointments with Corticosteroids**

These drugs are anti-inflammatory and reduce the primary eczema symptoms of itching and irritation. They can be applied straight to the skin. Medication with a prescribed strength may be advantageous for some people.

#### **Oral Medications**

Drugs taken orally such as systemic corticosteroids or immunosuppressants may be prescribed by a doctor if topical therapies are ineffective. These can be taken orally or as injections. They ought to only be used for brief periods of time. It's also vital to remember that, if the person is not currently taking another prescription for the disease, the symptoms may get worse after stopping these drugs.

#### **Antibiotics**

If eczema coexists with a bacterial skin infection, doctors will prescribe antibiotics.

## **Antihistamines**

Due to their propensity to make people sleepy, these medications can lower the likelihood of midnight scratching.

The diagnosis of eczema cannot be made using a particular test. A doctor can frequently identify the condition by asking the patient about their symptoms and looking at their skin. To help to identify eczema triggers, a patch test may occasionally be conducted. A patch test can identify specific allergens that cause symptoms, such as contact dermatitis-related skin allergies.

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