STANDARD TREATMENT WORKFLOW (STW)

Eczema/Dermatitis

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Standard Treatment Workflow (STW)
ECZEMA/DERMATITIS
ICD-10-L20

ACUTE
Red, edematous plaques with small, grouped vesicles

SUBACUTE
Erythematous plaques with scaling or crusting

CHRONIC
Lesions may have scaling or lichenification

MAJOR FORMS OF ECZEMA

EXOGENOUS ECZEMAS
Those with a known exogenous trigger, management of exogenous eczemas is to remove the cause if possible, along with pharmacological intervention
- Allergic contact eczema
- Dermatophytosis
- Eczematous polymorphic light eruption
- Infective eczema
- Irritant contact eczema
- Photoallergic contact eczema
- Post-traumatic eczema

ENDOGENOUS ECZEMAS
Without a known exogenous trigger, more often requires pharmacological intervention
- Asteatotic eczema
- Atopic eczema
- Chronic superficial scaly eczema
- Eyelid eczema
- Hand eczema
- Juvenile plantar dermatosis
- Nummular eczema
- Pityriasis alba
- Eczema associated with systemic disease
- Seborrhoeic eczema
- Venous eczema
**Major Forms of Eczema**

<table>
<thead>
<tr>
<th>Acute</th>
<th>Exogenous Eczemas</th>
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<tbody>
<tr>
<td>Red, edematous plaques with small, grouped vesicles</td>
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<th>Subacute</th>
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<td>Erythematous plaques with scaling or crusting</td>
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<th>Chronic</th>
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**History**

- Associated history of atopy, allergic rhinitis or asthma in patient and family members
- Age of onset is usually early (less than 5 years) in atopic dermatitis
- Site of onset: Predominant flexural involvement in atopic dermatitis
- Possible allergens implicated:
  - High risk occupations with increased exposure to allergens or irritants such as agricultural work, masons, hairdressers, etc.
- Associated photosensitivity, especially in parthenium dermatitis
- Change in severity with season; exacerbation in parthenium dermatitis
- Winter exacerbation in atopic dermatitis

**Examination**

<table>
<thead>
<tr>
<th>Atopic Dermatitis</th>
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<tbody>
<tr>
<td>Most commonly on the face, followed by involvement of extensors of the knees and elbows</td>
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<tr>
<td>Childhood/adult phase: Pattern changes to flexural involvement (cubital and popliteal fossa)</td>
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<thead>
<tr>
<th>Nummular Dermatitis</th>
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<tr>
<td>Circular or oval, commonly affecting neck, hands and feet</td>
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<th>Seborrheic Dermatitis</th>
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<tr>
<td>Involvement of the scalp and other seborrheic areas and skin folds; ranging from mild thickening to yellow, greasy scales and crusts</td>
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<th>Venous Eczema</th>
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<tr>
<td>Eczema affecting the medial aspect of ankles associated with varicose veins / venous incompetence</td>
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**Diagnosis**

- Most cases of eczema can be diagnosed clinically
- Secondary infection is common, may cause eczema to flare and can be confirmed by taking swabs for culture and sensitivity
- Patch tests are designed to detect allergens in cases of suspected allergic contact dermatitis
- Potassium Hydroxide (KOH) preparation or biopsy when dermatophyte infection or other diagnoses are suspected

**General Principles**

- Avoidance of allergens and irritant materials
- Daily bath with mild soap, keep nails short, avoid scratching
- Moisturizers are cornerstone in the management of eczema; to be applied immediately after bathing while the skin is still damp and apply multiple times during the day
- Antihistamines are first line for control of pruritus
- Topical corticosteroids (CS): mild - Over face, flexures; mid potency - over hands and flexures; potent - over limbs and scalp
- Topical calcineurin inhibitors (CNI): All flexures and as maintenance treatment
- If secondary infection (pain, pus discharge, yellow crust); Treat with topical/ oral antibiotic as needed

**Specific Management**

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<th>Primary/Secondary Level</th>
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<td>Treatment of active eczema: Daily use of TCs of appropriate strength until completely clear; Oral antihistamines (sedative/antipruritic effects) + topical antibiotic course (if secondary infection)</td>
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</tbody>
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| Maintenance treatment for area where lesions are more resistant to treatment or there is propensity for relapse like flexural skin |

| Atopic dermatitis to nickel contact dermatitis to hair dye |

**Avoidance of Provoking Agents, Moisturizers and Early Treatment are the Aim of Eczema Management**

**Differential Diagnosis**

- Tina corporis
- Psoriasis
- Cutaneous T-cell lymphoma (CTCL)

**Tertiary Level**

- Severe disease in addition to above may require phototherapy or systemic treatment (Short course of oral corticosteroids, cyclosporine, azathioprine, etc.)

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