Clinical Pediatric Dermatology

ISSN: 2472-0143

Open Access Editorial

Eczema in Pediatrics (Atopic Dermatitis)

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EDITORIAL

Atopic dermatitis is a common inflammatory skin condition characterized by relapsing eczematous lesions in a typical distribution. It usually improves as the child grows older and may resolve by school age or puberty. Some children with atopic dermatitis may have more chronic disease. Infants younger than 1 year old usually have the eczema rash on their cheeks, forehead, or scalp. It may spread to the knees, elbows, and trunk (but not usually the diaper area). Older kids and teens usually get the rash in the bends of the elbows, behind the knees, on the neck, or on the inner wrists and ankles. Their skin is often scalier and drier than when the eczema first began. It also can be thicker, darker, or scarred from all the scratching (called lichenification). The pediatrician will treat the majority of children with atopic dermatitis as many patients will not have access to a pediatric medical subspecialist, such as a pediatric dermatologist or pediatric allergist. Balancing safety concerns with efficacious treatment is of particular importance in the pediatric population. Parents of patients with atopic dermatitis turn to their primary caregivers for guidance regarding this physically demanding and psychologically stressful condition. Atopic dermatitis a very common condition in babies and children. It usually first appears between ages 3 and 6 months. In the worst cases, atopic dermatitis may interfere with normal growth and development. Treatment consists of adequate skin hydration, avoidance of allergenic precipitants, topical anti-inflammatory medications, systemic antihistamines, and antibiotic coverage of secondary infections. The most fundamental and important step in combating Atopic Dermatitis (AD) is rehydration of the stratum corneum. Adequate rehydration preserves the stratum corneum barrier, minimizing the direct effects of irritants and allergens on the skin and maximizing the effect of topically applied therapies, thus decreasing the need for topical steroids. There is no cure for Atopic dermatitis. But treatments can help with symptoms. The doctor will recommend different treatments based on how severe the symptoms are, the child's age, and where the rash is. Some are "topical" and applied to the skin. Others are taken by mouth. The treatments may include bathing impacts more in controlling of atopic dermatitis like limit time in bathtub or shower to 5 to 10 minutes or less, by using non soap cleanser such as dove sensitive skin bar soap or cataphyll cleanser, to avoid hot water will further dry out the skin, apply topical medicines or moisturizers as instructed, right after bathing while the skin is still damp. There are some of the measures to take unless to avoid atopic dermatitis the following may include Stays away from triggers, always has short fingernails, uses moisturizers, wears soft clothing, keeps cool. Clinicians are often challenged in the primary care setting with children who present with moderate severe recalcitrant atopic dermatitis. Many patients present at the subspecialist level grossly undertreated with topical medications and emollients. Recently, numerous clinical investigations have evolved our understanding of the pathogenesis of atopic dermatitis, and the American academy of dermatology released new atopic dermatitis guidelines in 2014. Understanding the groundbreaking discoveries in disease pathogenesis and implementing up to date management guidelines in clinical practice are critical for pediatricians.

Received:	24-September-2021	**Manuscript No:**	IPCPDR-21-10724
Editor assigned:	26-September-2021	**PreQC No:**	IPCPDR-21-10724 (PQ)
Reviewed:	10-November-2021	**QC No:**	IPCPDR-21-10724
Revised:	10-October-2022	**Manuscript No:**	IPCPDR-21-10724 (R)
Published:	17-October-2022	**DOI:**	10.36648/2472-0143.8.6.25

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Citation Keseroglu H (2022) Eczema in Pediatrics (Atopic Dermatitis). Clin Pediatr Dermatol. 8:25