Phototherapy

Phototherapy employs UV light to treat severe inflammatory skin conditions such as atopic dermatitis. It suppresses the over-active immune system of the skin. Ultraviolet A (UV-A) or ultraviolet B (UV-B) may be used. UV-B treatments are effective in controlling symptoms in moderate-to-severe eczema among suitable patients. Pregnant women, young children, patients with systemic lupus erythematosus or dermatomyositis are not suitable for phototherapy. Two sessions of phototherapy per week are required for stable disease control. The duration of a standard course of phototherapy is around four months. Doctors will determine the starting dose of light energy for your skin and will gradually increase the energy levels. As compared to oral medications, phototherapy has a more favourable side effect profile in general. Patients are advised to comply with the regimen for satisfactory clinical response.

ACNE
暗瘡

CONTACT DERMATITIS
接觸性皮膚炎

ECZEMA
濕疹

PSORIASIS
銀屑病

ROSACEA
玫瑰痤瘡

STEROID
類固醇

WARTS
疣

HKSH
Dermatology Centre
養和皮膚科中心

CONSULTATION HOURS

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ECZEMA

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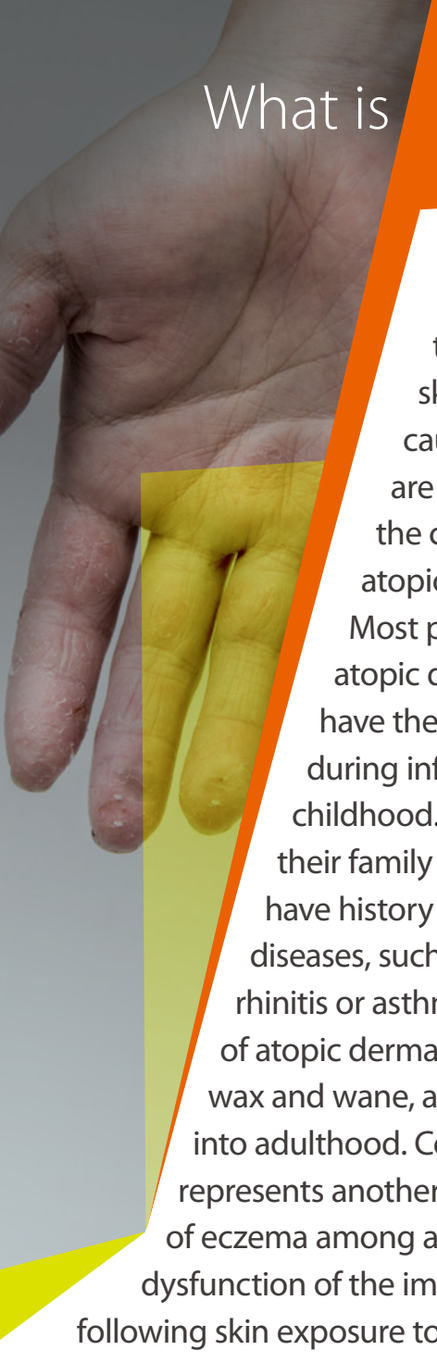

What is Eczema?

Eczema is a non-specific term for itchy skin rash. The causes of eczema are diversified, and the commonest is atopic dermatitis. Most people with atopic dermatitis have the disease onset during infancy or early childhood. Patients and their family members often have history of other atopic diseases, such as allergic rhinitis or asthma. Symptoms of atopic dermatitis typically wax and wane, and may persist into adulthood. Contact dermatitis represents another important type of eczema among adults. It is due to dysfunction of the immune system, following skin exposure to external irritants or allergens. Eczema in the elderly may be caused by age-related skin dryness (asteatotic dermatitis) or drug allergy. Chronic illnesses including liver, kidney dysfunction, iron deficiency anaemia, etc. may also lead to intense skin itchiness.

Symptoms of Eczema

Itchiness is the commonest symptom among patients with eczema. Patients often scratch their skin heavily due to intense itchiness, which may in turn affect their work or studies. Some patients may even suffer from insomnia due to the itch. Skin affected by eczema is usually covered by a red, patchy rash with undefined edges. Acute eczema can cause blisters, which may predispose the skin to secondary bacterial infection. Skin affected by chronic eczema will be thickened and the surface will appear rough. There will also be excessive skin dryness and presence of cracks or fissures.

Common Areas of Eczema

The location of eczema varies with causes. Atopic dermatitis generally affects the skin flexures such as the neck, inner surfaces of the elbow or knee joints, whereas contact dermatitis is often found in areas where the skin is exposed to external irritants or allergens. Elderly patients with age-related skin dryness often develop eczema over the lower legs. Eczema related to drug-allergy often started off over the trunk with later generalisation.

Treatment

Non-Pharmacological Approach

Effective management of eczema begins with changes in lifestyle and avoidance of possible triggers. Skin care is of paramount importance: patients should apply moisturiser at least twice a day. There are various types of emollients and the common ones contain either aqueous cream or vaseline. Vaseline-based emollients have good moisturising effects, but some patients may be uncomfortable with the greasy nature. Recent studies have shown that the new emollients containing ceramides are highly effective in relieving skin dryness in eczema patients.

Patients should follow doctor's advices and avoid contact with any irritant, allergen or medication that may trigger eczema.

Pharmacological Approach

Localised Treatment

Topical medications are prescribed for patients with mild to moderate symptoms. Topical medications typically contain steroid. Steroids of various strengths are prescribed based on individual conditions: topical steroids with low potency or diluted preparations are usually prescribed for mild lesions or application over large areas; while strong steroids are prescribed for short-term use over areas with severe involvement. Most symptoms of eczema can be controlled safely with proper use of medication under doctor's advices. Non-steroidal topical medications are also available for use on the face and areas with thinner skin.

Systemic Treatment

If the itchiness disrupts daily life and sleep quality, patients may be prescribed oral medication containing anti-histamine. Conventional anti-histamines are related with side effect of drowsiness and sleepiness. The newer generation of anti-histamine medication is less drowsy and can be used safely during the day. Patients should be cautious about driving or operating heavy machines during the course of treatment with anti-histamines.

Topical medications alone may not be sufficient to manage moderate-to-severe symptoms. Based on the clinical scenarios, doctors may prescribe oral medications that help to regulate the abnormal immune system. Commonly prescribed medications include cyclosporine, azathioprine and mycophenolate mofetil. Treatment duration for these oral medications often last between 6 months to 2 years. Blood tests should be conducted regularly according to monitor any drug-related side effect.