Show Notes: Episode 6 In the clinic – Rashes

Questions discussed in the podcast:

1) Without seeing the rash yet, what is you most likely diagnosis
    a) Psoriasis
    b) Eczema
    c) Scabies
    d) Fungal Rash
    e) Folliculitis

Eczema (or atopic dermatitis) - The prevalence of eczema in the population is ~10-15%.

- Asthma (puffers) strongly linked (association x2-7) with eczema (& allergies).
- Dad has same: 70% of eczema has a family history & is relapsing condition.
- Severe pruritic nature ~ active eczema, and sweating can exacerbate pruritis.
- Location on elbows and knees could be psoriasis but patients may mix flexor & the extensor areas. Eczema is more flexor (antecubital & popliteal fossa).

2) Connor seems to have moderate eczema: pick all reasonable interventions
    a) Baths
    b) Emollients
    c) Baths with Additives (e.g. Oatmeal)
    d) Oral antihistamines
    e) Bleach baths
    f) Oral Corticosteroids (e.g. Prednisone)

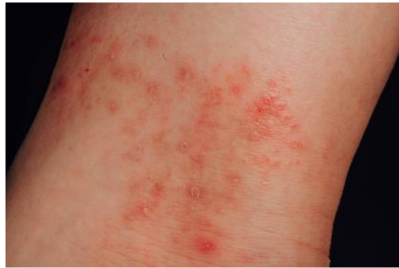
    - 1-2 Baths daily, lukewarm, 5-10 minutes & soap free cleanser, pat dry
    - Emollients/moisturizers (esp after baths): thick creams/ointments (e.g. petroleum jelly)

3) Please place each topical treatment in appropriate category on the below

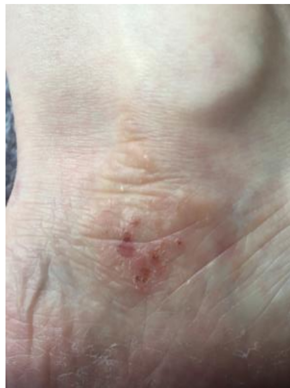
Potency	Treatment
Super-high	Clobetasol propionate 0.05%
High	Betamethasone valerate 0.1%

Moderate	Triamcinalone acetonide 0.1% *Tacrolimus 0.1% (non-steroid) **
Low	Hydrocortisone 2.5%

Pictures used during podcast:



When Connor removes his shirt, socks and shoes for the exam, he immediately starts rubbing two of the patches.



His eczema is mostly on his antecubital fossa, popliteal fossa,& ankles, and a few small patches: ~6%

Plan:

2 baths/day (or shower). No additives, mild soap only.

Apply petroleum jelly (or thick cream) BID right after baths (no additives).

Betamethasone valerate 0.1% ointment, apply to affected areas BID, up to 2 weeks.

Dispense 60gm [3gm/day x 14 days = 42 gm with some to spare).

Return in two weeks time for reassessment.

References & Links:

Frazier W, Bhardwaj N. Atopic Dermatitis: Diagnosis and Treatment. Am Fam Physician. 2020 May 15;101(10):590-8. Weston WL, Howe W. Atopic Dermatitis (eczema): pathogenesis, clinical manifestations, and diagnosis. UptoDate. www.uptodate.com Accessed May 9, 2021. Lynde C, Barber K, Claveau J, et al. Canadian practical guide for the treatment and management of atopic dermatitis. J Cutan Med Surg. 2005;8 Suppl 5:1-9. Weston WL, Howe W. Treatment of Atopic Dermatitis (eczema).

UptoDate. www.uptodate.com Accessed May 9, 2021. Katoh N, Ohya Y, Ikeda M, et al. Clinical practice guidelines for the management of atopic dermatitis 2018. J Dermatol. 2019 Dec;46(12):1053-1101. Cardona ID, Kempe EE, Lary C, et al. Frequent Versus Infrequent Bathing in Pediatric Atopic Dermatitis: A Randomized Clinical Trial. J Allergy Clin Immunol Pract. 2020 Mar;8(3):1014-1021. Cury Martins J, Martins C, et al. Topical tacrolimus for atopic dermatitis. Cochrane Database Syst Rev. 2015 Jul 1;2015(7):CD009864.