

Eczema and Allergy

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Eczema

- Eczema that does not start in infancy is very unlikely to be related to a food allergy
- Eczema that starts later maybe due to an airborne allergen or other factors, such as a viral / infective component

When not to refer Eczema

- Simple, localised to flexures
- Improving with simple steroids and emollients
- Child otherwise well and thriving
- Nil other fhx of atopy

When to refer Eczema

- Extensive, involving flexural and other areas
- Not improving or worsening
- Failure to thrive or poor growth
- Parental anxiety

Treatment for Eczema

- Emollients: frequent use
- Soap substitutes and bathing alternatives

Oilatum

E45

- Steroids: hydrocortisone 0.5% & 1%

Elocon

Betnovate

Not for prolonged periods of time

- If nil resolution then specialist referral

Allergy Clinic Referrals

REFER	NOT TO REFER
Acute Reactions and Anaphylaxis	*Chronic Urticarias
Eczema, which is not improving	Nonspecific, intermittent skin reactions
'Brittle' Asthma	Vague, non-specific symptoms / rashes
Multiple Allergies	Chronic Rhinitis
Drug Allergy	Acute, intermittent reactions
Latex Allergy	
Venom Allergy (bees, wasps)	*Not completely definite but in these cases, it may be more appropriate for a dermatologist to review the patient initially
Strong family history	
Complicated history	

Allergy Clinic

History :

- Acute, almost immediate onset reaction after contact with trigger (food, animal dander, pollens, HDM)
- Worsening of Eczema after 3-5 days of being exposed to the trigger
- In infancy, features may include gastrointestinal upset (loose stools, vomiting, GOR, colicky pain), irritability or rhino-conjunctivitis.
- Atopy (asthma, eczema, hayfever)
- FHx

Most common foods allergies

- Cow's milk
- Egg
- Nuts
 - Peanut (groundnut)
 - Tree nuts (cashew, brazil, almond, pistachio,etc.)
- Wheat
- Soya
- Fish
- Shellfish

Features (FAST)

- F (face): rash; hive-like, itchy
Lip swelling
Eye swelling
- A (autonomic): Respiratory and / or
cardiovascular, sweating
- S (stomach): Abdominal pain, cramps,
vomiting and diarrhoea (s/t
bloody)
- T (total body): Hive-like rash, systemic upset

Acute Reaction

Rash

- hive-like
- itchy
- can occur on any part of the body

Lip swelling

Eye swelling



Examination :

- Nothing by the time they are seen in allergy clinic
- Eczema

Skin Prick Testing

- Safe

Where there has been a clear anaphylactic (shock) reaction to a specific allergen ingested then skin testing may not be appropriate

Almost any age group can be tested, including babies (although response may be smaller than in an adult)

Usually carried out on the inner forearm (but if the patient has bad eczema the test can be performed on the back)

- Ideally the allergens to be selected should be in accordance with the patient's history

The skin is then pricked through the drop using the tip of a lancet. This can feel a little uncomfortable but should not be painful.

With a Positive Reaction to an allergen the skin becomes itchy within a few minutes and then becomes red and swollen with a "weal" in the centre (very much like the reaction to a nettle sting).

The weal has a raised edge, which slowly expands to reach its maximum size in about 15-20 minutes. The size of the weal varies with the average being 3-5 mm in diameter, and it clears for most people within an hour. The size of the weal does not indicate the severity of symptoms. The test tells us that a level of antibodies are /or are not present which may be causing your symptoms.

- The arm is coded with a marker pen for the allergens to be tested

As few as 3 or 4 or up to about 25 allergens can be tested

Always a positive and negative control

A tiny droplet of the allergen (extract)solution is placed on the arm, by each code

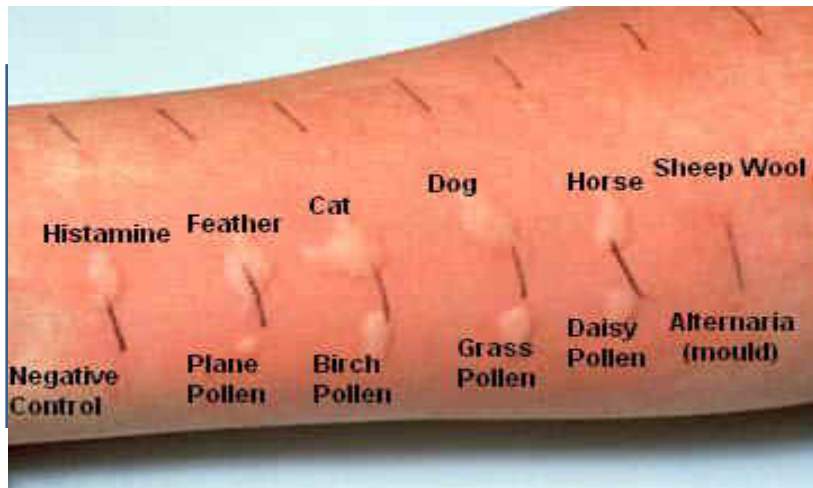
The skin is then pricked through the drop using the tip of a lancet. This can feel a little uncomfortable but should not be painful.



Reading the Results

- Check the positive and the negative control
- Positive may not react due to;
 - Bad eczema, poor skin integrity
 - Using antihistamine upto 4/7 previously (dampens the allergic response).
 - Can be problematic during hayfever season
- Negative control may react.
 - Cannot use SPT as this indicates positive dermographism

- With a **Positive Reaction** to an allergen the skin becomes itchy within a few minutes and then becomes red and swollen with a "weal" in the centre.
- The weal has a raised edge, maximum size in about 15-20 minutes.
- The size of the weal DOES NOT indicate the severity of symptoms. The test tells us that a level of anti-bodies are /or are not present which may be causing your symptoms



• The “weals” are measured with a ruler to give us a ‘mm’ reading (in correspondence letters)

When to do a RAST / Sp. IgE

- In children with severe eczema or poor skin, where SPT cannot be carried out accurately.
- Unable to stop antihistamines or other medications which may interfere with the SPT
- Exposure to even a small amount of the allergen may be life threatening
- Check if an allergy is resolving
- Often done prior to food challenges

RAST Scoring 0-6

RAST rating	IgE level (KU/L)	comment
0	< 0.35	ABSENT OR UNDETECTABLE ALLERGEN SPECIFIC IgE
1	0.35 - 0.69	LOW LEVEL OF ALLERGEN SPECIFIC IgE
2	0.70 - 3.49	MODERATE LEVEL OF ALLERGEN SPECIFIC IgE
3	3.50 - 17.49	HIGH LEVEL OF ALLERGEN SPECIFIC IgE
4	17.50 - 49.99	VERY HIGH LEVEL OF ALLERGEN SPECIFIC IgE
5	50.0 - 100.00	VERY HIGH LEVEL OF ALLERGEN SPECIFIC IgE
6	> 100.00	EXTREMELY HIGH LEVEL OF ALLERGEN SPECIFIC IgE

Management

- Avoidance
- Antihistamine (Cetirizine, Chlorphenamine)
- Epipens
 - Nut allergy
 - Co-existing atopy (asthma, severe eczema)
 - Numerous allergies
- Patient Information Leaflets
- Multi-disciplinary approach
 - Dieticians (multiple allergies in younger children)
 - Other specialties, eg dermatologists

Follow-up

- Initially 6-12 monthly
- Review upto 2 yrs later in children with 'stable' allergies
- Upto age of 12-14yrs as allergies after this time are likely to remain life long.