

## Refractory cases

Refractory cases do not respond to conventional topical therapy and have extensive eczema. Refer such cases to the Dermatologist for treatment and monitoring:

- systemic steroid
- cyclosporin A
- interferon
- azathioprine
- phototherapy

## Other Measures

- avoid woollen toys, clothes, bedding.
- keep nails short.
- reduce use of detergent (esp. biological).
- double rinse clothes of patient.
- BCG contraindicated till skin improves
- tar/UV light might be useful.
- swimming useful (MUST apply moisturiser immediately upon exiting pool)

## Avoid Aggravating Factors

### For Relapse

- check compliance.
- suspect secondary infection - send for skin swab; start antibiotics.
- exclude scabies.
- for severe eczema, emollient and topical steroid can be applied under occlusion with 'wet wrap'. This involves the use of a layer of wet, followed by a layer of dry Tubifast to the affected areas i.e. limbs and trunk. The benefits are probably due to cooling by evaporation, relieving pruritus, enhanced absorption of the topical steroid and physical protection of the skin from excoriation.

## Prognosis

- tendency towards improvement throughout childhood
- two third will clear by adolescence

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# IMPETIGO

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## Definition

Superficial, contagious skin infection occurring in the epidermis and / or dermis, associated with formation of blisters. It is the most common skin infection in children.

There are two types of impetigo:

- a bullous form caused by infection with *Staphylococcus aureus*
- a non-bullous form caused by infection with group A *Streptococci* and may have secondary infection with *Staphylococcus aureus*.

The causative organism should be identified by taking skin swabs from affected sites.

## Clinical features

- crusted lesions, usually yellow in colour, most commonly on the face.
- typically there may be scattered surrounding lesions, known as 'satellite lesions'.
- usually patients are asymptomatic.
- commonly spread to other areas of the body if not treated.
- it is contagious and can be passed to other family members.

## Treatment

- localised infection: may be treated with topical mupirocin ointment which is active against infection due to both *Staphylococcus* and *Streptococcus*.
- more severe, generalised infection: should be treated with systemic antibiotics according to the sensitivities to the causal organism but Erythromycin or Cloxacillin are generally suitable.