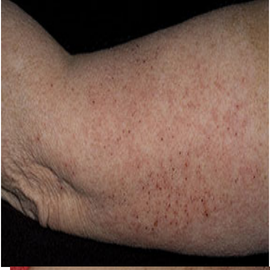

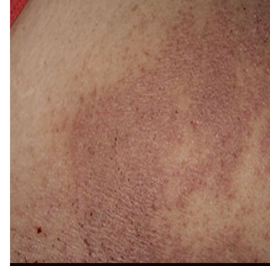

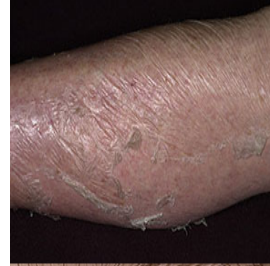

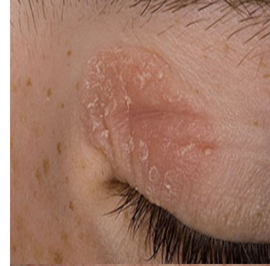

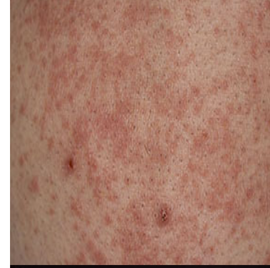

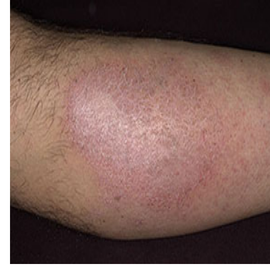

Most dermatitis can go into a chronic stage whereby there are remissions and exacerbations depending upon the triggers and the constitution of the patient. Common chronic eczemas include lichen simplex chronicus (neurodermatitis), chronic stage of atopic eczema, seborrheic dermatitis, dry eczema etc.

Chronic Eczema Treatment: Special Considerations

The treatment of chronic eczema depends upon various factors like the cause, site of involvement, duration, and extent of thickening of the skin, in addition to the general measures for the treatment of eczema. A search also should be made for possible sensitizers or triggers in the immediate environment of the sufferer

- *Cause of Chronic Eczema:* The specific measures for chronic eczema patients depending upon their causes include avoidance of triggers in atopic eczema, control of the yeast infection in seborrheic dermatitis, psychotherapy in neurodermatitis, control of dryness in dry eczema etc.

- *Site of involvement:* Chronic eczema on the face, body folds and genitalia should be treated with mild or moderate strength topical steroids only, that too for a short duration, once the inflammation is under control, steroid sparing creams like tacrolimus should be employed. It is important that the patient understands the basics on how to avoid side effects of topical steroids.
- *Duration and thickness of the skin*

Chronic Eczema Treatment

1. Topical Corticosteroid ointments form the mainstay of treatment in chronic eczema. The choice of topical steroids depends upon the severity and thickening of the skin. For scaly chronic eczema as in dry eczema, mild to moderate steroids like hydrocortisone 1% cream or Hydrocortisone butyrate cream are used. For slightly thicker skin, potent steroids, like

betamethasone valerate, mometasone or Fluocinolone are used. Still thicker lichenified chronic eczema can be treated with very potent topical steroids like Betamethasone Dipropionate. In chronic eczema like neurodermatitis where the skin is thick, lined and pigmented, super potent steroids like clobetasole and halobetasole will be required.

2. Once the thickness and itching are reduced, steroid sparing applications like calcineurin inhibitors (tacrolimus), tar ointments etc can be used to maintain the therapeutic effects.
3. In extensive areas, application of the two pajamas treatment will bring in faster relief in chronic eczema. Note that ointments are used in chronic eczema while creams are useful in sub acute and acute and solutions in acute eczema treatment.
4. The application of steroids and other immune modulators should be complemented by generous application of moisturizing emollients, especially those containing urea or lactic acid.
5. If potent steroids are required for long duration, their side effects can be minimized by a pulse application of weekly once or twice to maintain the remissions.
6. If the chronic eczema is very thick and lichenified, initial intralesional injections of steroid will be helpful in reducing the thickness.
7. In very severe, extensive chronic eczema, caused by plants, chemicals etc, systemic steroids or other immune suppressants like methotrexate or cyclosporine may be required to tide over the flare ups. Phototherapy using narrow band UVB and PUVA have been found effective in atopic dermatitis and exfoliative erythroderma. These are also useful for severe hand and foot eczemas as well.

Whichever therapy is chosen for your chronic eczema, you should be aware of the short term and long term benefits and risks of those treatment modalities. The use of steroids should be carefully monitored by a dermatologist, especially so in children. At the same time it is worth mentioning that topical steroids can work wonders to give prompt relief and the much needed confidence and reassurance for the patient. Hence an irrational avoidance of steroids will cause more harm than good in the treatment of eczema.