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Eczéma

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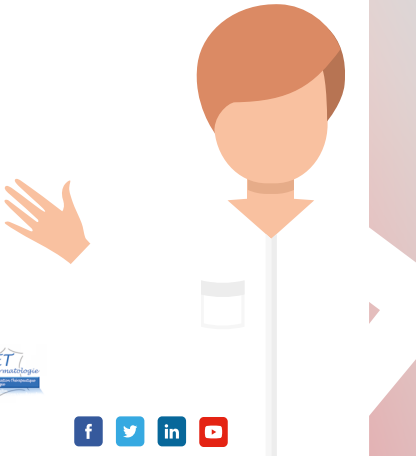
des Laboratoires Pierre Fabre

Eczema or Atopic Dermatitis

TRUE **FALSE**

TEST YOUR KNOWLEDGE!



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Groupe d'Education Thérapeutique en Dermatologie

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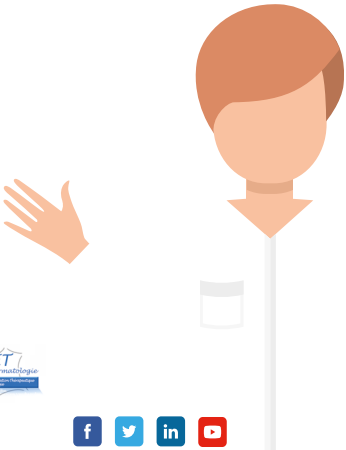
Rules of the game

For each of the following statements, indicate whether the information is correct (TRUE) or incorrect (FALSE)

Start



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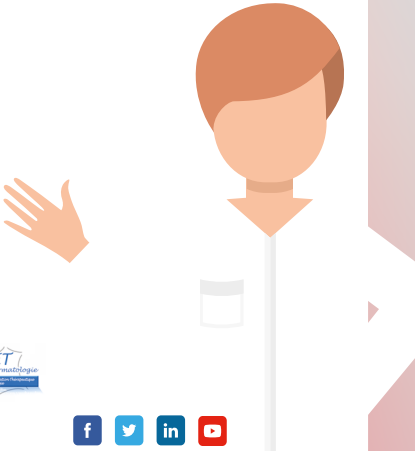
1

Atopic dermatitis is always hereditary

TRUE

FALSE



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FALSE

Atopic dermatitis is explained by several predisposing factors that act together or separately: environment, genetic background, individual characteristics, etc.

In addition, the diversity of the microbiota present on the surface of the skin also plays a role in the onset of eczema.

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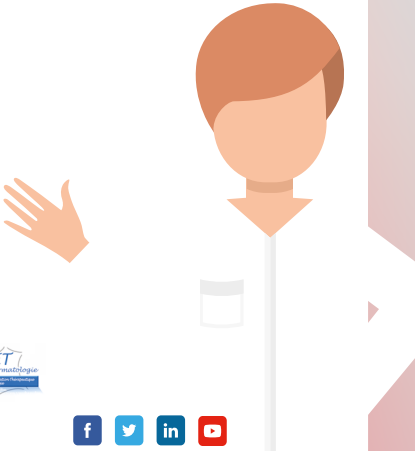
2

The food you eat often triggers the onset of eczema

TRUE

FALSE



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FALSE

Eczema often occurs in infants at weaning time with breastfeeding mothers. But nutrition has nothing to do with the onset of eczema in 80% of children.

Food allergies sometimes occur in atopic children but are rarely related to eczema.

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3

The use of topical corticosteroids to treat atopic eczema helps maintain a child's quality of life

TRUE

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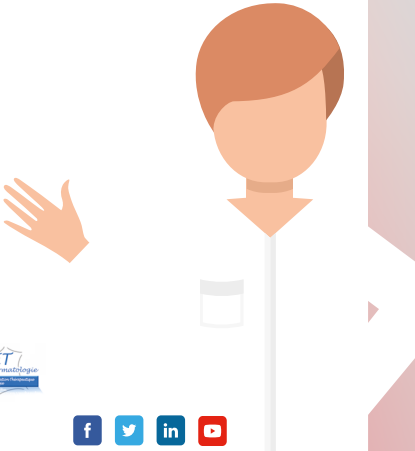

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TRUE

At usual doses, topical corticosteroids do not penetrate the skin and therefore do not inhibit growth.

They even improve the quality of life of patients and families by reducing the symptoms of atopic eczema. As such, they promote the normal development of the child.

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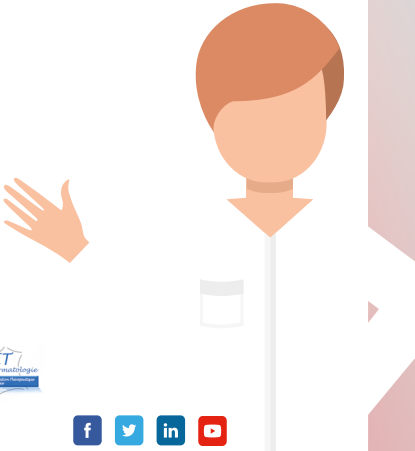
4

Eczema always heals in adulthood

TRUE

FALSE



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FALSE

While the majority of cases of atopic eczema occur in children and heal before puberty, eczema may persist into adulthood in less than 20% of cases.

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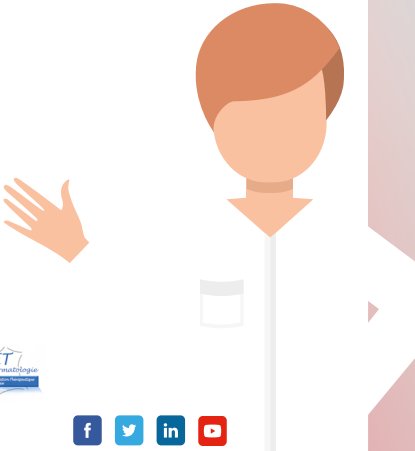
5

It is necessary to use a cortisone cream to treat atopic dermatitis

TRUE

FALSE



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TRUE

All doctors in France and around the world recommend the use of topical corticosteroids as the best treatment for atopic eczema in infants and children.

It is important to adapt the texture of the topical corticosteroids to the appearance of the lesion and the patient's preference.

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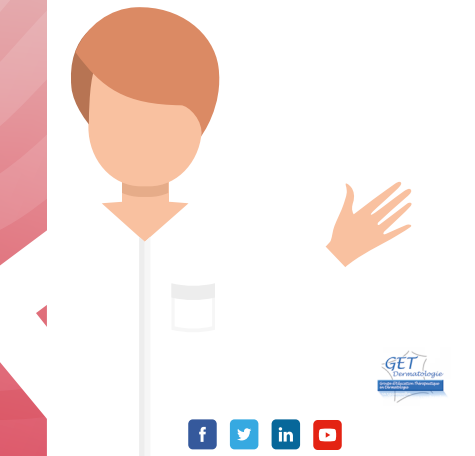

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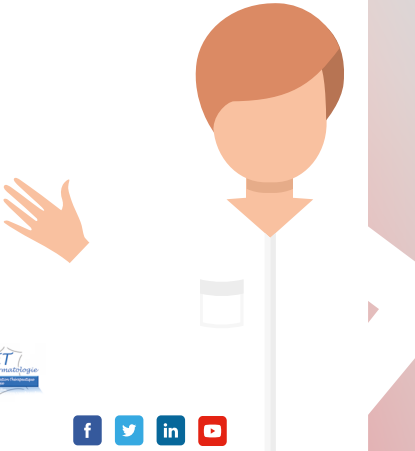
6

It is important to fight daily against skin dryness

TRUE

FALSE



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TRUE

Eczema is associated with dry skin, which is a defect in the skin barrier.

Its repair requires the systematic use of an emollient.

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7

During a new eczema flare-up, you must resume topical corticosteroid treatment as soon as possible, even if the flare-up is limited

TRUE

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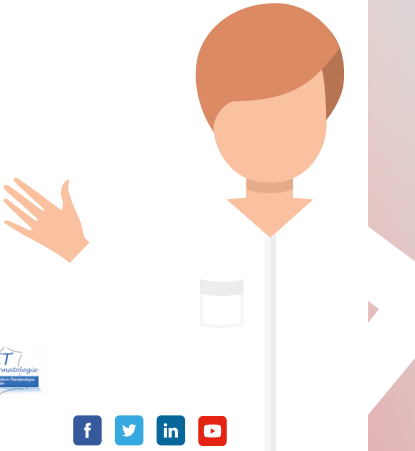

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TRUE

Eczema can be thought of as a fire. Skin inflammation and the flames of a house fire require the same level of urgent response.

Topical corticosteroids should be used immediately to limit inflammation and prevent its spread.

A topical corticosteroid can also be used on oozing skin, even if it makes more sense to apply it before this phase.

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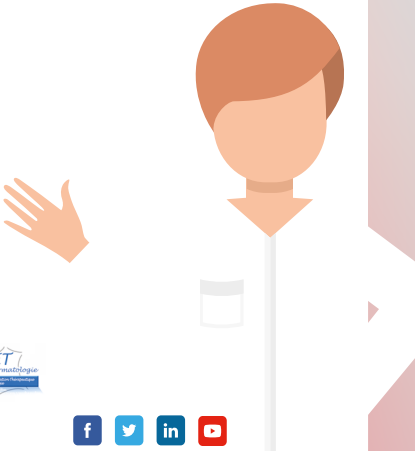
8

Topical corticosteroids can be used in infants under 6 months of age

TRUE

FALSE



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TRUE

Infant eczema often begins before 6 months of age. There is no reason to delay effective treatment. Topical corticosteroids (TC), which are a standard anti-inflammatory treatment, are therefore essential and should be applied to eczema plaques from an early age if necessary.

TC can also be applied to the hands of a young child who sucks their thumb, because penetration of the creams via the mouth is very low and the risk is nil.

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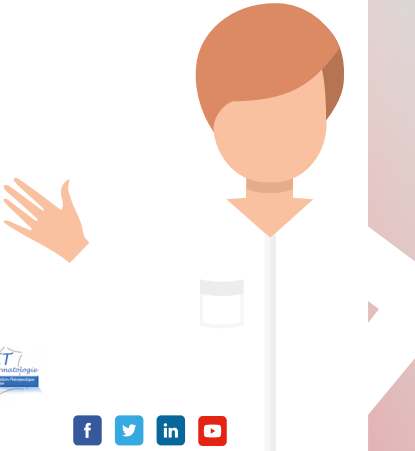
9

Emollients are creams that repair the barrier formed by the skin

TRUE

FALSE



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TRUE

Dry skin is accompanied by an outward loss of water but also by an increase in the penetration of irritating external products or allergens.

It is therefore important to apply emollients daily in order to strengthen the skin's barrier, which will then be more impermeable to external elements.

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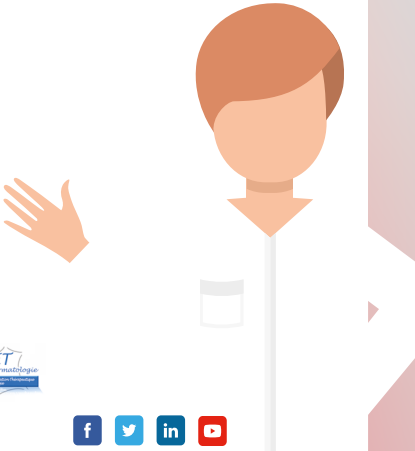
10

Topical corticosteroids can have a negative effect on growth

TRUE

FALSE



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FALSE

Topical corticosteroids penetrate very little into the body and therefore do not have the effects of corticosteroids taken orally.

Topical corticosteroids applied to the skin to treat eczema at prescribed doses do not cause systemic effects.

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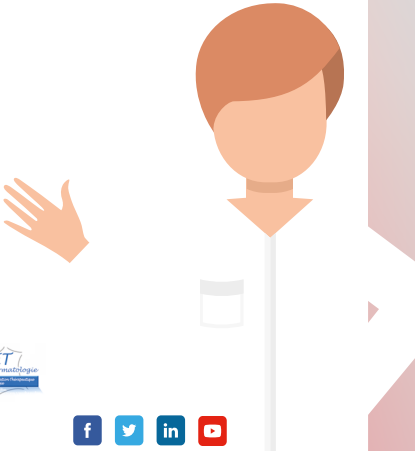
11

There are precautions to be taken when applying a topical corticosteroid

TRUE

FALSE



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TRUE

USEFUL precautions are:

- Ensure you only expose yourself to the sun moderately and from time to time when applying a topical corticosteroid (TC), or ensure you use an effective sunscreen.

- Treat facial eczema with a moderate or diluted TC (facial skin, especially on the eyelids, is thinner and therefore more fragile)

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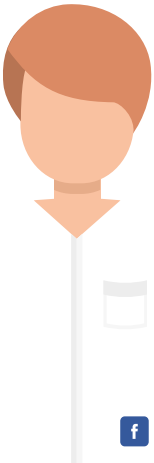


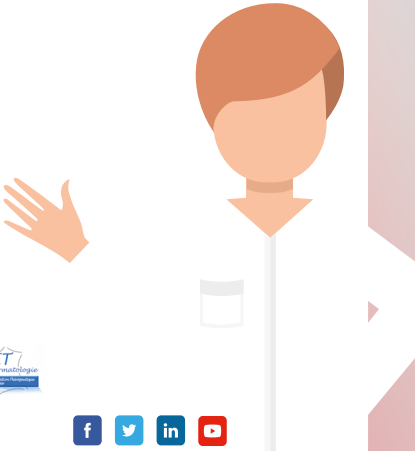
UNNECESSARY precautions

12

Topical corticosteroids promote infection

TRUE

FALSE



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FALSE

Topical corticosteroids (TC) do not promote infection. Itching and scratching lead to superinfections of the eczema wound.

However, when an infection (impetigo, herpes, etc.) occurs, the application of TC on the skin is temporarily suspended.

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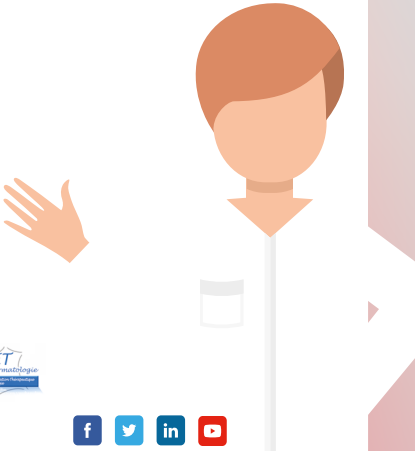
13

There is always habituation to topical corticosteroids

TRUE

FALSE



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FALSE

Habituation occurs when a properly applied topical corticosteroid (TC) no longer appears to be as effective as it was at the beginning of treatment. This phenomenon is rare and far from systematic. Your doctor's opinion is necessary in such cases.

A misuse of TC (irregular or inappropriate application, interruption of treatment too early, etc.) can also lead to a loss of effect, do not confuse the two!

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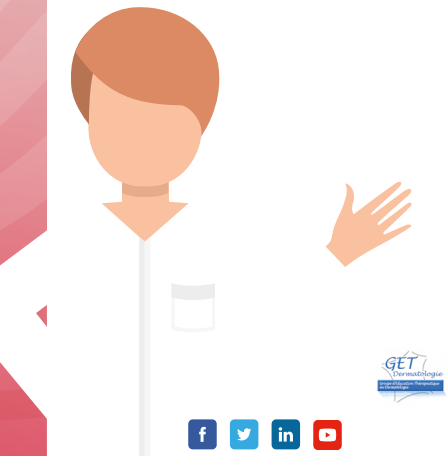
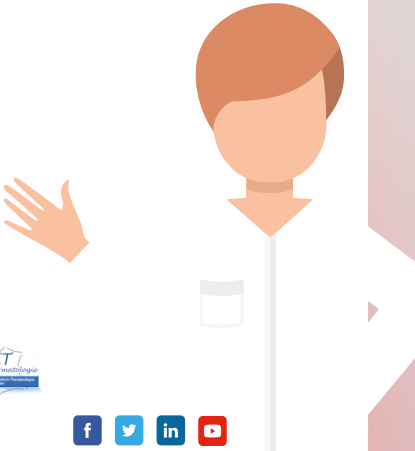


14

Topical corticosteroids promote asthma

TRUE

FALSE



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FALSE

Asthma is not related to the application of topical corticosteroids.

Patients with eczema are three times more likely to develop asthma.

However, these two diseases evolve differently: eczema appears in infancy and early childhood, whereas asthma often appears after the age of three years.

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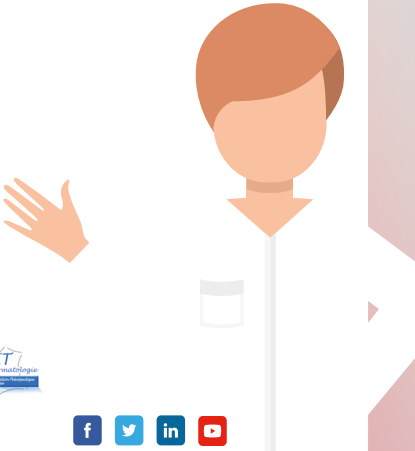
15

There is a risk that a flare-up of eczema may be triggered when topical corticosteroids are stopped

TRUE

FALSE



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FALSE

This phenomenon, called rebound, is triggered because the treatment has not been applied long enough.

You have to wait until the inflammation of the skin has completely disappeared, which can take 7 to 10 days, before there is no longer any risk of rebound.

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Acknowledgements to the authors:

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School of atopy Nantes University Hospital

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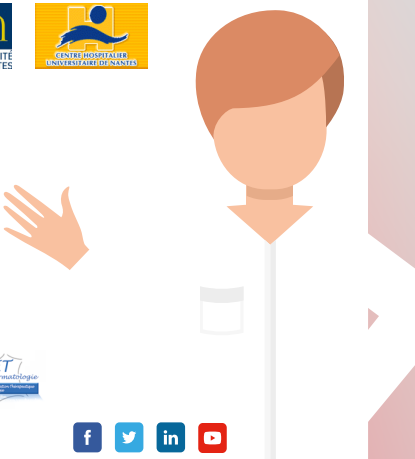
Pharmacist



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SUMMARY CARD: TOPICAL CORTICOSTEROIDS

- Inflammation of the skin during an eczema flare-up must be treated, otherwise it can worsen or become superinfected
- The effective treatment of an eczema flare-up necessarily involves topical anti-inflammatory treatment: first-line topical corticosteroids are essential
- Topical corticosteroids are drugs that have been around for more than 50 years. Their risks have been evaluated and are limited
- Local complications exist: they are exceptional and occur in case of misuse: atrophy of facial skin during prolonged daily use for example
- Topical corticosteroids are different from corticosteroids used orally or by inhalation. Their absorption through the skin is very limited at the prescribed amounts
- General side effects, especially on the growth of children, have not been observed at the usual doses
- Nothing should prevent you from applying the creams that have have been prescribed by your doctor, otherwise you risk jeopardizing the beneficial effects of treatment

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SUMMARY CARD: HYGIENE CARE

- Prefer short and warm baths, dab dry
- Preferably every other day, but it can be every day
- Use fragrance-free «ultra-rich» soaps
- Outside major flare-ups, apply fragrance-free emollients, using the form best adapted to you
- Wear cotton clothing
- Remove labels

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Reference to statement n°11

TRUE

UNNECESSARY precautions:

- Apply topical corticosteroids (TC) with gloves (there is no risk of penetration into the hands where the epidermis is very thick)
- Apply as little TC as possible (instead, use the amount of cream prescribed by the doctor to treat the eczema flare-up)
- Avoid using TC on black skin for fear of discoloration (this is very rare and always temporary)

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