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Case Report

Case report on eczema dissemination

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Article History	Abstract
Received: 15-09-2021 Revised: 29-09-2021 Accepted: 04-11-2021	Disseminated Eczema also known as ID reaction is an inflammatory skin disease. It is also auto sensitization dermatitis, who's cause is unknown. Person having eczema is hypersensitive to small irritants or allergies. The skin gets swelled, inflamed, cracked, itching or patchy. Skin of the eczema gets infected the agents can be contagious. It is seen in any age group without defined to specific age. In acute eczema inflammation leads to oedema which may turn into tiny blisters. Where as in chronic eczema epidermis thickens and hyperkeratosis occurs. Eczema affects a patient's life in many aspects and effects the family too.
Keywords Chronic inflammation, hypersensitivity, acanthosis.	
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Background

Eczema can be acute or chronic which is seen in both children and adults. It is mostly observed in elderly people who often don't take proper personal care or ignore the small changes occurring in their skin. The cause of Eczema is unknown but investigations state it as overactive response of the immune system to infectious agents or messenger proteins circulated within the body [1]. Eczema is commonly found in families with history of other allergies or asthma. Also defect in skin barriers could allow germs inside the skin. Eczema may not spread from person to person but can affect one's own body by spreading all over. Scratching the skin at the site of infection can make it worse. There are different types of Eczema:- Atopic Eczema, Contact Dermatitis, Seborrheic Dermatitis, Static Dermatitis, Asteatotic Eczema [2].

As there is no proper test to diagnosis dermatitis following criteria is used to identify the disease: recurring rash, scaly area, elevated immunoglobulin E activity, necrosis, rough leathery patches, intense itching, swelling, asthma or hay fever, chronic skin changes, history of close relative with Eczema [3].

Pathogenesis

Initially when skin is exposed to antigen, antigen is processed by langerhans cells and presented to the cells in lymph nodes which activates the T cells and memory cells. On re-exposure to antigen a quick response stimulated leading to inflammation, urticaria, erythema and wet eczema. If the antigen stimulation persists, chronic inflammation occurs leading to acanthosis and finally dry eczema.

Case Presentation

A 60 year old male patient is admitted in KGH with the complaint of having itchy lesions on anterior side of toes since one month. The patient experienced the same in past and got relieved with medication. He is a smoker and tobacco consumer. The laboratory investigation seems to be normal with dermatological examination revealing erythematous scaly oozing plaques present on anterior side. On further examination it is diagnosed as Eczema. The patient was treated with hydroxyzine (25 mg), calendula cream, betametasone (for 1 day), clobetasol propionate, prednisone (20 mg), pantoprazole (40 mg) for 6 days. The patient got relief but this condition requires treatment over an extended period of time. The patient is advised to stay away from the factors which triggers the outbreaks and take as many as showers so that skin is kept hydrated.

Conclusion

Eczematic skin can be reduced by following self-care like taking warm bath, applying anti-itch cream to affected area, moisturize the skin twice a day, not scratching the affected area, using mild soap. Steroid, antihistamines, and topical antiseptic medication should be used. Person should have personal hygiene and self-care as most vital practice in everyday routine to avoid further recurring of this disease. There are some foods which flare-up the affected skin further. So, the infected person should keep in mind that some foods like soy, gluten, cow's milk, tomatoes, citrus fruits, eggs, fish, peanut etc should be avoided from their diet. While some foods help reduce eczema like spinach, broccoli, kale, cherries, apples, blueberries, pro-biotic rich food etc.

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