

Management of Atopic Eczema in Hong Kong

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Atopic eczema is a chronic skin problem. While most patients respond to emollient and topical corticosteroid therapy, some difficult cases require more aggressive management. The use of wet wrap dressings was highlighted in the lecture, together with a discussion on systemic therapy.

Wet wrap therapy

Wet wrap technique is indicated for moderate and severe atopic eczema. It works in several ways. Skin hydration is increased by the wet inner layer of dressing. The evaporation of water causes a cooling effect while the wrap itself acts as a mechanical barrier to scratching. The anti-inflammatory effect of topical steroids is also enhanced by occlusion. Initial experience with wet wraps using diluted potent topical steroids in the literature showed transient depressed early morning plasma cortisol level. The availability of mometasone furoate which has a high epidermal affinity and a low systemic absorption, improves the safety margin of wet wrap therapy. A local study by Tang et al was undertaken to evaluate a 2-week course of once-daily diluted 0.1% mometasone furoate wet wrap therapy given to 12 paediatric patients. Both the investigator's objective and patients' or parents' subjective assessment showed significant improvement in 11 out of the 12 children. Adverse effect was mild and self-limiting. The early morning plasma cortisol levels were not suppressed. Thus wet wrap therapy is a safe and effective short-term treatment for atopic eczema resistant to the usual "open" method of topical therapy.

Systemic therapy

Systemic corticosteroids can give dramatic improvement in short term but rebound often occurs with rapid withdrawal. In view of the long-term side effect, systemic steroids are mainly used as an adjunct to phototherapy and other immunosuppressive agents like azathioprine. The latter may modulate disease activity but takes eight weeks to work. Cyclosporin is also helpful but is expensive to use with long-term basis. The use of leukotriene receptor antagonist has also been explored. Leukotriene receptor antagonist is a relatively new and safe group of drug used in the treatment of asthma. The use of montelukast, a leukotriene receptor antagonist, has been studied in children with moderate to severe atopic eczema. Nevertheless its exact role still needs to be defined by larger clinical studies.

Choice of treatment

In order to select the appropriate therapy for individual patient, we need to explore the patients' or parents' expectation and discuss the possible options with them. The time and effort required of the patient, side effects and effectiveness of treatment, and patient compliance need to be considered.

Learning points:

The management of moderate to severe atopic eczema can be enhanced by wet wraps and judicious use of systemic therapy. Parent's understanding and cooperation is of utmost importance in using wet wraps in children.