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Editorial

MRSA is a rare species in childhood eczema in Hong Kong: what does that mean?

In this issue of the Hong Kong Journal of Dermatology and Venereology, Yeung and colleagues explore a very important aspect in the management of childhood eczema and their efforts deserve congratulations. Their findings concerning the association between *Staphylococcus aureus* (*S. aureus*) and childhood eczema are in agreement with existing local data on childhood eczema already reported by other authors. *S. aureus* is an important pathogen in eczema, and is associated with the severity of the disease. The mode of action may be through superantigens from exotoxin-producing *S. aureus* strains, which penetrate the skin barrier and contribute to the persistence and exacerbation of skin inflammation. As such, the pathogen is not just "colonising" the skin as a mere bystander. Instead, *S. aureus* plays an active role in eczema pathogenesis.

Importantly, Yeung and colleagues found no Methicillin-resistant *S. aureus* (MRSA), no significant differences in antibiotic resistance and risk factors between children with eczema and controls, but a higher severity score (TIS) in patients with *S. aureus*. They also documented a low resistance to oxacillin and fusidic acid, but higher resistance to erythromycin and tetracycline. In Hong Kong, cloxacillin and first-generation cephalosporins have a favourable sensitivity profile even in children with moderate and severe atopic dermatitis. This implies that we need not use the "big guns" potent antibiotics but that "simple" antibiotics often suffice. It is often debated if the frequent usage of antibiotics may increase antibiotic resistance. If such is the case, we would have seen many patients with (MRSA) in Hong Kong. In my experience, I only encounter approximately one new case of MRSA per year. It is speculated that children with eczema in Hong Kong are generally suboptimally managed, resulting in a high prevalence of *S. aureus*, high TIS score, and paradoxically low prevalence of MRSA. This speculation leads to the next question: why possibly are they suboptimally managed? Parents have a lot of misunderstandings in this chronic, relapsing and disturbing disease. Fears and phobias, such as steroid phobia, antibiotic phobia and "western medicine" phobia prevail in Hong Kong, and likely result in the under-usage of these medications even though they are often prescribed, and under-treatment of the children with eczema. "Doctor shopping" is the norm of practice in this chronic relapsing condition. Many a time, the physician dishes out topical emollient, antibiotics, corticosteroids, and immunomodulants in his/her busy clinic without detailed explanation about the nature of medications prescribed, and the patient and his/her parents do not even return for reassessments. The doctor is often falsely reassured that the patient has got better. In fact, most patients do not understand that antibiotics kill bacteria, corticosteroids are anti-inflammatory agents, and immunomodulants generally do not cause cancers. Rapport and time well spent with the patient and his/her family is the only possible tactic that might ensure success in managing childhood eczema.

Quality of life of the patients and their parents are significantly affected in childhood eczema. The only way to help these miserable families is to treat the disease systemically in a holistic approach and not just topically with corticosteroid +/- antimicrobials. After all, the next contentious issue is whether eczema is primarily a systemic atopic disease with skin manifestations, or rather a skin disease with systemic associations. Eczema is definitely beyond *S. aureus* colonisation and antimicrobial resistance.

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