

Dermatology Literary Review

January to March 2019

Title	Publication	Date	Overview
How often are bath emollients prescribed to children with atopic eczema in primary care in England? A cross-sectional study	British Journal of Dermatology, Online article, pages 1-2.	January	This research letter examines the findings of a study into the prescribing of emollients to children with atopic eczema (AE). The authors are concerned that up to 25% of children may be receiving suboptimal emollient therapy: either no emollient at all or bath emollients prescribed without concurrent leave-on emollients. They suggest that care should be taken to ensure that children have access to adequate quantities of leave-on emollients and soap substitutes, which remain the mainstay of treatment for AE.
Management of congenital ichthyoses: European guidelines of care, part one	British Journal of Dermatology, Vol. 180, No. 2, pages 272-281.	February	These new guidelines provide recommendations for the therapeutic management of congenital ichthyoses (CI). They suggest that topical agents represent the first-line treatment for CI as they help to reduce scales, skin discomfort and pruritus, and may improve the general appearance of the skin. Application of emollients is recommended for all ichthyoses, as often as necessary, at least twice a day and ideally after bathing to improve skin hydration. Other treatment options discussed include bathing and the use of keratolytics, topical retinoids and systemic therapy. The authors also examine the profound impact CI may have on quality of life from childhood to adult age, for the patient and their family.
Management of congenital ichthyoses: European guidelines of care, part two	British Journal of Dermatology, Vol. 180, No. 3, pages 484-495.	March	Part two of these new guidelines summarise evidence and expert-based recommendations for the management of congenital ichthyoses (CI). It explores several complications of CI including both ophthalmic and ear complications and pruritus, for which regular topical skincare with emollients is recommended to help to reduce itch. It also discusses the management of HI (harlequin ichthyosis) in the neonatal period with treatment options including placing neonates in a high-humidity incubator that decreases transepidermal water loss (TEWL) and applying emollients three to eight times a day to decrease TEWL.

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Topical keratolytics in psoriasis management	Dermatology in Practice, Vol. 25, No. 1, pages 24-26.	Spring	Article discusses the use of keratolytics to manage symptoms of dry skin and scaling, suggesting these should be used as first-line therapy in the management of chronic plaque psoriasis. It suggests that emollients are an essential, and often overlooked, therapy for psoriasis and that patients should be given a choice of product and formulation. It recommends that emollients are used on a daily basis, as soap substitutes and moisturisers, to improve dry skin associated with psoriasis, by preventing transepidermal water loss. It also suggests that tar/salicylic acid preparations are helpful in removing heavy scale and hyperkeratosis.
Red, dry, itchy plaques on arms	Journal of the Dermatology Nurses' Association, Vol. 11, No. 1, pages 36-37.	January/February	Article presents the case of a 9-year-old girl with red, dry, itchy plaques on her arms. She had eczema as an infant and prior treatment was topical emollients and hydrocortisone cream three times a day. As the erythematous patches are consistent with the characteristics of atopic dermatitis, treatment recommendations given included non-alkaline soaps and apple cider vinegar baths, followed by a cool water rinse. Then application of prescription salve followed by a ceramide containing emollient. Triamcinolone 0.1% ointment was recommended to be applied twice daily for a maximum of 6 weeks along with continued use of emollients.
Red plaques on knees	Journal of the Dermatology Nurses' Association, Vol. 11, No.2, pages 86-87.	March/April	Article presents the case of a 69-year-old man with red, ring-shaped plaques on his ankles, knuckles, and knees. The morphology of the lesions, distribution and history were characteristics of granuloma annulare. The skin care recommendations given to the patient were to use gentle cleansers and pat dry; no rubbing and to apply emollient twice daily. Applying triamcinolone 0.1% ointment (or a similar midpotency ointment) twice daily was also recommended.

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Treating vulvar itch	The BMJ, Vol. 364, No. 8186, pages 242-245.	9 January	Article explores common dermatological causes of vulvar itch and discusses diagnoses including vulvar seborrhoeic dermatitis, genital psoriasis and lichen planus and sclerosus. It suggests advising patients to maintain genital hygiene, avoid scratching as this can worsen the rash, and avoid tight fitting garments (with cotton undergarments recommended). Patients should also be advised to avoid the use of irritants and use simple emollients as a soap substitute and moisturiser. In patients with severe night itch a mild sedating antihistamine, e.g. hydroxyzine could be considered, and improving the skin barrier function with a bland emollient can also help.
Topical tacrolimus (FK506, Protopic) in the treatment of atopic dermatitis	Journal of the Dermatology Nurses' Association, Vol. 11, No. 1, pages 41-44.	January/ February	Article discusses how topically applied tacrolimus is a safe and effective medication in the management of atopic dermatitis (AD). It suggests that topical calcineurin inhibitors offer the advantage over topical steroids due to the limited adverse effects and their ability to be applied to intertriginous areas and the face. The authors conclude that although medications can help with calming the flare and long-term management, the cornerstone of AD management is education of both the patient and family members in addition to utilisation of emollients.
Corticosteroid phobia (corticophobia) in parents of young children with atopic dermatitis and their health care providers	Pediatric Dermatology, Vol. 36, No. 1, pages 100-104.	January/ February	Findings from a study suggest that healthcare professionals (HCPs) involved in caring for children with atopic dermatitis (AD) express the same level of corticophobia as parents. It suggest that although treatment of AD consists of emollients and topical corticosteroids, adherence to topical corticosteroids is low, despite them being safe and effective. The authors suggest that the presence of corticophobia (which describes exaggerated concerns, fears, worries, anxiety, doubts, reservations, reluctance, or skepticism regarding corticosteroid use) among HCPs may affect parental perspectives and topical corticosteroids adherence negatively.

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Evidence-based skin care in preterm infants	Pediatric Dermatology, Vol. 36, No. 1, pages 16-23.	January/February	This literature review on skin care of preterm neonates shows a number of interventions are beneficial including short-term application of non-adhesive polyethylene wraps within 10 minutes of birth, placement in humidified incubators and tub bathing. They also found that in developing countries, preterm neonates treated with emollients exhibit reduced nosocomial infections and improved skin condition. However, guidelines in Western countries often prohibit/discourage the use of petrolatum-based topical emollients since they can promote a milieu similar to occlusive dressings. This is despite the known benefits of these emollients on skin condition and electrolyte balance.
Cutaneous sensitization to peanut in children with atopic dermatitis: a window to prevention of peanut allergy	JAMA Dermatology, Vol. 155, No. 1, pages 13-14.	January	Article explores how atopic dermatitis (AD) is commonly associated with the development of other allergic conditions, such as peanut allergy and how focus has shifted from treatment to prevention. One potential prevention strategy is the reduction of skin sensitisation by treating the skin. It suggests that early emollient use in children at high risk of AD may be an effective measure to prevent AD and, by extension, food sensitisation. A clinical trial of 80 infants at high risk of AD noted that twice-daily emollient use for the first 6 months of life was associated with a trend toward decreased incidence of AD and food sensitisation. In the pre-protocol analysis of a single-blind, randomised clinical trial of 80 infants, there was a significant reduction in food sensitisation in infants aged 12 months in the emollient group (0% vs 19%; $P = 0.04$).
What I tell my patients about hand eczema	Dermatology in Practice, Vol. 25, No. 1, pages 15-16.	Spring	Article examines causes of hand eczema and discusses how this can have debilitating symptoms and can significantly impact work and personal life. It suggests that the management of hand eczema relies on stringent hand protection. This means regular emollients, non-soap cleansers and avoidance of any irritants or allergens. It also suggests that topical steroids can be helpful in settling flare-ups.

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