



ASTEATOTIC ECZEMA

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Asteatotic eczema, also called **xerotic eczema** or **eczema craquelé**, is a form of eczema that occurs when the skin becomes abnormally dry, itchy and cracked. It is often found in elderly people, though it is not uncommon for people in their 20s. It can appear as red, dry flakey patches most commonly on the lower legs as well as the thighs, chest and arms.

Seasonality is prominent, and most people develop symptoms in the winter months, especially in areas where indoor humidity is decreased by heating. This explains why the frequency during the winter season is increased in the northern United States particularly. Those with this skin condition may notice symptomatic improvement in a warm, humid climate in and outdoors.

Shaving, wool, or other sources of irritation can also cause a person's dry skin to become inflamed. Doctors should also look for controllable risk factors such as frequency of bathing, the types of soaps and cleansers used in bathing, the types of skin lubricants used, diet and medications. Risks factors for dry skin should be minimized as they interrupt the components of the outer layers of the skin. The disruption in the skin barrier can lead to **atopic dermatitis**.

As with most conditions, prevention is key in controlling asteatotic eczema. Much of the problems associated with dry skin can be helped through simple behavior changes. Short, cool showers with a mild, fragrance free soap (Dove Unscented, Cetaphil) or soaks with added bath emollients are recommended. Try to avoid harsh skin cleansers that dry the skin even more. Within three minutes of bathing a petroleum-based emollient should be applied such as Vaseline or Aquaphor. Gentle moisturizing throughout the day is also encouraged. Agents that contain urea and lactic acids are good choices. Light, non-restrictive clothing that doesn't irritate or lead to itching is also an option. The itching may even be helped by some oatmeal baths and menthol/camphor lotion. In the home, the installation of a humidifier may also help during the winter season, the prime time dry skin period. In severe cases, the application of **topical steroids** with or without occlusion covering can be used in short courses when supervised by your physician.

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