subacute eczema

When the oozing dries up after the acute stage of eczema, the skin becomes dry, crusted and
scaly in sub acute eczema. The redness may still be there, albeit in reduced amount, most of
the swelling and the stinging and burning sensations disappear. Itching may be more
pronounced than burning sensation in sub acute eczema.

Sub Acute Eczema: Special Considerations

If an acute attack of eczema fails to clear after 3-4 weeks and the sub acute stage continues
unabated, it is time for an overall review of the situation.

- Is the triggering factors still present and aggravating the eczema?
- Are you receiving proper treatment?
- Has the treatment been carried out effectively?
- Are you intolerant to any medications used?

Sub Acute Eczema Treatment

1. Rest is essential if the sub acute eczema is extensive. Bed rest, or even hospitalization,
   may be required in severe cases. The general principles on how to treat eczema apply to sub
   acute eczema also.
2. Hospitalization is helpful in a number of ways in extensive sub acute eczema. The
   causative factors can be investigated and allergen tests carried out. The treatment can be
   carried out under supervision and the progress noted on a daily basis. If there is worsening of
   the condition, the treatment regimen can be modified without delay. The rest and relief reduce
   stress and hasten the healing. Rapid resolution of the eczema on admission and equally rapid
   relapse on discharge is indicative of some allergens in the house or workplace. Some patients
   with plant and flower allergies (e.g. chrysanthemum sensitivity) may get an exacerbation in
   hospital bed itself when visitors bring a generous bunch of flowers!
3. Topical treatment of sub acute eczema involves topical steroids belonging to the
   moderately potent classes of topical corticosteroids to start with and steroid sparing
   immune-modulators like tacrolimus as a maintenance therapy.
4. The steroids and the immune-modulators are alternated with emollients to reduce the
dryness and soothe the skin.

5. The two pajamas treatment is useful in controlling extensive sub acute eczema.

6. Cleaning and bathing need not be discouraged, though prolonged hot soaks and use of normal soaps should be avoided as these can increase the dermatitis and itching due to increased dryness caused by evaporation and detergents in the soap. A detergent free soap is advisable for patients with sub acute eczema. Bath oils should be used very carefully, especially in the elderly, as the bathroom tiles can become slippery.

7. Once the inflammation is reduced, the topical steroids or immune-modulators may be gradually withdrawn and a maintenance application of the emollients continued.