



MODERN DIAGNOSIS AND TREATMENT OF ECZEMA

Nasritdinova Nargiz Bahadyrovna

*Department of Dermatovenerology,
Andijan State Medical Institute, Uzbekistan*

Annotation: Eczema (eg-zuh-MUH) is the name for a group of inflammatory skin conditions that cause itchiness, dry skin, rashes, scaly patches, blisters and skin infections. There are seven different types of eczema: atopic dermatitis, contact dermatitis, dyshidrotic eczema, nummular eczema, seborrheic dermatitis and stasis dermatitis. For lighter skin, eczema can present as red, inflamed skin. For darker skin tones, eczema can present as brown, purple, gray or ashen. Itchy skin is the most common symptom of eczema.

Key words: eczema, dry skin, adolescence, flare-up.

More than 31 million Americans have some form of eczema. Eczema can begin during childhood, adolescence, or adulthood — and it can range from mild to severe. Newborn babies can experience eczema within the first weeks and months after birth. Young children with eczema can experience patches of skin that are extremely dry; itchy skin that can lead to blisters and skin infections due to excessive scratching. Adults can also experience eczema and adult eczema is most commonly developed when someone is in their 20s or over the age of 50.

Many people with eczema use the phrase “flare-up” to describe a phase of eczema when they are experiencing one or more acute symptoms or side effects from prolonged itchiness. Moisturizers, antihistamines, topical steroid creams and corticosteroids are among the potential courses of eczema treatments usually recommended by healthcare providers, dermatologists and the American Academy of Dermatology (AAD).

Severe eczema may include periods of flare-ups that can last many days or even several weeks. Severe eczema comes with additional complications beyond itchy skin and rashes and can lead to hospitalization if left untreated. People with severe eczema are also at higher risk for food allergy and asthma, a triangulation of conditions that commonly co-occur known as the Atopic March.

Sometimes eczema is confused with other skin diseases, like psoriasis, so it’s important to get a diagnosis. A dermatologist or other qualified healthcare professional will also have expert knowledge on treatment options — and they’re often an invaluable partner in developing your symptom management plan and in stopping future flare-ups.

Eczema, also known as atopic dermatitis, is a chronic skin condition characterized by inflammation, itchiness, redness, and dryness. It can affect people of all ages, but it is most common in children. Eczema is not contagious, but it can be very uncomfortable and may flare up periodically.

Symptoms of Eczema

- Itching: Often intense, especially at night.
- Red or brownish-gray patches: Common on the hands, feet, ankles, wrists, neck, upper chest, eyelids, and inside bends of the elbows and knees.
- Dry or scaly skin: Skin may crack and sometimes ooze or become crusty.
- Thickened skin: Prolonged scratching can lead to thick and leathery skin.

Causes

Eczema occurs due to a combination of genetic and environmental factors. The exact cause is not fully understood, but key contributors include:

- Genetics: Family history of eczema, asthma, or hay fever increases the likelihood.
- Immune system dysfunction: Overreactive immune responses to irritants.
- Environmental triggers: Such as allergens (pollen, pet dander), irritants (soaps, detergents), and changes in weather.
- Skin barrier defects: Which lead to increased water loss and vulnerability to irritants.

Triggers

Common triggers for eczema flare-ups include:

- Harsh soaps or detergents
- Stress
- Certain fabrics, like wool
- Heat and sweat
- Food allergens (e.g., dairy, eggs, nuts)

Treatment and Management

Although there is no cure for eczema, the condition can be managed effectively through:

1. Moisturizers: Daily use of thick creams or ointments to keep the skin hydrated.
2. Topical steroids: To reduce inflammation during flare-ups.
3. Antihistamines: For severe itching.
4. Avoiding triggers: Identifying and minimizing exposure to irritants or allergens.
5. Prescription medications: For severe cases, options like biologics (e.g., Dupilumab) or oral immunosuppressants may be recommended.
6. Lifestyle changes: Gentle skincare routines and stress management.

Eczema is classified into several types based on its cause, appearance, and location. Here are the main types of eczema:

1. Atopic Dermatitis

- Most common type of eczema and often associated with allergies, asthma, or hay fever (atopic triad).
- Symptoms: Dry, itchy, inflamed skin; often appears in skin creases like elbows, knees, or around the neck.
- Triggered by genetic factors, environmental allergens, and immune system dysfunction.

2. Contact Dermatitis

- Caused by direct contact with an irritant or allergen.
- Types:
 - Irritant Contact Dermatitis: Caused by exposure to harsh chemicals (e.g., soaps, cleaning agents).
 - Allergic Contact Dermatitis: Triggered by an allergic reaction to substances like nickel, fragrances, or latex.
- Symptoms: Red, itchy, and sometimes blistered or oozing skin at the site of contact.

3. Dyshidrotic Eczema (Pompholyx)

- Affects the hands and feet, causing small, itchy, fluid-filled blisters.
- Triggers: Stress, allergies, excessive sweating, or irritants like metals.
- Symptoms: Intense itching and discomfort, often worsening with humidity.

4. Nummular Eczema (Discoid Eczema)

- Characterized by round, coin-shaped patches of itchy, inflamed skin.
- Common on arms, legs, or torso, often after skin trauma like a cut or insect bite.
- Triggers: Dry skin, cold weather, or allergens.

5. Seborrheic Dermatitis, Affects areas rich in oil glands, such as the scalp, face, and upper chest. Symptoms: Greasy, scaly patches with redness, often accompanied by dandruff. Common in infants (cradle cap) and adults, possibly linked to yeast overgrowth or an abnormal immune response.

6. Stasis Dermatitis (Venous Eczema), Occurs in the lower legs due to poor blood circulation and fluid buildup. Symptoms: Swelling, redness, itching, and sometimes open sores or ulcers. Often associated with varicose veins or venous insufficiency.

7. Neurodermatitis (Lichen Simplex Chronicus) Caused by chronic scratching or rubbing, often triggered by

stress or other forms of eczema. Symptoms: Thickened, leathery, and intensely itchy patches of skin, often on the neck, arms, or legs.

Classification by Severity

Eczema can also be classified based on its severity:

Mild: Slight dryness and itchiness. Moderate: Inflamed, red, and visibly irritated skin with more persistent symptoms. Severe: Cracked, oozing skin with intense itching and significant impact on daily life.

Conclusion

The type of eczema a person has can influence the treatment approach. A dermatologist can help diagnose the specific type and recommend the most effective management strategy.

Literature:

1. Qizi, B. O. S., Qizi, X. D. A., & Yusupovich, M. I. (2022). IJTIMOIIY SIYOSAT: ROSSIIYADA INKLYUZIV TA? LIM HAQIDA. FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI, 922-930.
2. Yusup o'g'li, M. I. (2022). Mustaqil ta'limni blended learning texnologiyasi asosida tashkil etish. FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI, 126-131.
3. Yusup o'g'li, M. I. (2024). OLIY TA'LIM MUASSALARIDA INKLYUZIV TA'LIMNI RIVOJLANTIRISH: MUAMMO VA YECHIMLAR. FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI, 5(1), 1-10.
4. Usmanovna, N. G., & Oybekovna, D. G. (2018). The importance of motivation in education. Достижения науки и образования, (16 (38)), 33-35.
5. Jumaboyeva, J. S., & Daminova, G. O. (2019). ROLE OF TEACHERS'MOTIVATION IN TEACHING. Вопросы науки и образования, (3), 84-88.
6. Oybekovna, D. G., & Ahmadjonovna, M. M. (2019). Different roles of teachers. Проблемы педагогики, (1 (40)), 19-20.
7. Gulbahor, D., Nazirovna, I. D., & Hoshimovna, B. M. (2020). INCREASING LANGUAGE SKILLS IN MEDICAL INSTITUTIONS. Journal of Complementary Medicine Research, 11(1), 134-134.
8. Ахмедова, М., Расулова, Н., & Абдуллаев, Х. (2016). Изучение парциальных функций почек у детей раннего возраста с нефропатией обменного генеза. Журнал проблемы биологии и медицины, (2 (87)), 37-40.
9. Расулова, Н. А. (2009). Клиническая значимость факторов риска развития рахита у детей. Врач-аспирант, 34(7), 567-571.