

Diagnosis and Treatment

Bok Yang Pyun, M.D.

Department of Pediatrics, Soonchunhyang University Hospital, Seoul, Korea

Atopic dermatitis(AD) is one of the most common inflammatory skin diseases which affects up to 15 ~ 20% of children and 1 ~ 3% of adults and often the first step in the development of allergic march.

Diagnosis of AD is not simple because of there is no pathognomonic laboratory biomarkers. When the diagnosis of AD, diagnostic criteria proposed by Hanifin and Rajka are most popularly used. AD is diagnosed on the basis of 3 major features: pruritus, an eczematous dermatitis with typical presentation, and a chronic or chronically relapsing course. Associated features are variably present. Clinical scoring is a method to assess the disease severity. SCORAD(Severity Scoring of Atopic Dermatitis index) and EASI(Eczema Area and Severity Index) have been validated and widely used in clinical setting. Careful history of symptoms and clinical course should be performed in all patients with AD to exclude the possibility of other skin conditions. Laboratory tests including total serum IgE, peripheral blood eosinophil count, specific IgE antibody, eosinophil cationic protein(ECP), and thymus and activation-regulated chemokine(TARC) also used as a reference for diagnosis.

Once the diagnosis has been established, frequent re-evaluation during the clinical course to ensure the accuracy of the diagnosis and to monitor the clinical response and tolerability is important.

Successful treatment of AD depends on accurate diagnosis and the development of individualized treatment plans. Education to the patients and their families about AD, trigger avoidance, skin care, and topical anti-inflammatory treatment measures are key element of the successful management of AD. Effective management is also based on close monitoring for disease status and adherence issues. Education is important to improve the understanding the AD and adherence. Trigger or exacerbating factors are different in individual patients, it is important to investigate the factors through history, challenge and laboratory diagnosis and to establish the appropriate countermeasures for individual patients. Skin care including the bathing and moisturization is extremely important in the treatment of AD. Pharmacotherapy with topical corticosteroids and /or topical calcineurin inhibitors will be needed. The treatment of AD requires a systematic, multifaceted approach.