

32 Million Americans Suffer From This Skin Condition—Is Your Baby One of Them?

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Before this spring, I'd only heard about eczema (the most common type of which is known as atopic dermatitis) in lotion commercials I'd seen on TV, and to be completely honest, I didn't really know what it was. So, when my 3-year-old daughter, Catherine, broke out in a red itchy rash at the beginning of spring, my husband and I were clueless as to what was causing it. Her entire body looked like it was covered in hives, with the skin especially irritated on the insides of her elbows, the backs of her knees, and her baby toes. Oh, her poor baby toes! They were raw and peeling—like they'd been in shoes that were too small for far too long. Almost overnight, the skin on one became so severely blistered that it looked like the nail might fall off. Needless to say, it was bad, and we were worried—and no one was getting any sleep as she'd often wake up in the middle of the night, after the Benadryl we'd given her had worn off, crying from the pain and irritation.

Our first call was to my mother—who isn't a doctor, but after raising three children, knows a thing or two about what's what when it comes to ailments. She thought eczema seemed like the culprit, but she was unsure of what might be causing it.

Next, we went to Tribeca Pediatrics to see our pediatrician. She confirmed our suspicions of eczema and suggested we continue with a regimen of Neosporin on the areas where the skin was broken and cortisone on the red, itchy patches. We kept up with this, but it was clear it wasn't working.

At this point, my husband and I were getting up multiple times during the night to comfort Catherine, and we were running on fumes. On the National Eczema Association's website, which states nearly 32 million Americans, or roughly one-tenth of the population, suffer from some form of eczema, Joanna Hamilton compares grappling with her own children's eczema to embarking on a home renovation: Headaches and frustration will likely ensue. My experience was similar. After we were sure the Neosporin and cortisone weren't working, we started experimenting with things like coconut oil baths and various lotions, but to no avail—and there's nothing worse than not being able to figure out how to help your child.

Eventually, a trip to my own dermatologist yielded a checklist of suggestions—switch laundry detergents to Tide Free, start using Dove unscented soap, go to the allergist to determine whether the cause may be dietary (66 percent of adults with atopic dermatitis say that it affects what they eat and drink)—as well as a prescription hydrocortisone lotion that didn't work. And so, I started googling.

I googled and I googled until I found [Dr. Jody Levine](#) on the Upper East Side. When I called to make an appointment, the receptionist immediately told me that the doctor doesn't take insurance. I hesitated and then asked if she always solves the problem and the receptionist responded with a resounding, "Yes!"

So, a few days later, my daughter and I ventured uptown. Dr. Levine examined her and then started explaining the ins and outs of eczema in a much clearer way than anyone had previously.

“In general, eczema is [basically] sensitive skin,” she says. “Some people are sensitive to cold winters—the dry air and the dry heat—other people are more of a summer eczema type, where they’re reacting to sweat, but it’s most severe during childhood. It typically flares up within the first year of life and during the toddler years, but usually clears up by puberty.”

The latter summertime prone eczema sufferers, which is the camp my daughter falls into, often break out when sweat gets trapped in certain areas of their body, like inside the elbows and the backs of the knees. It begins as red, raised tiny blisters and is caused by a combination of factors, for example, exposure to things like pollen can be a trigger, but much of whether or not someone gets eczema is genetic.

She then outlined exactly what we should do to get the rash under control. Avoid chlorine as much as possible or rinse off immediately after swimming. Steering clear of long hot baths was also high on her list. She instructed us to moisturize Catherine thoroughly and often—she likes the Aveeno line of products and CeraVe—right after her shower. When you moisturize, an ointment is the best, followed by a cream with ceramides, but lotions are not good. “They’re not as moisturizing, and they can have alcohol in them or other ingredients that make them irritating like fragrance,” says Dr. Levine. “Figure out what your triggers are. If it’s dry heat, then use humidifiers in the winter. If it’s sweat, take a shower after you work one up or wear sweat-wicking clothing. It really all depends on these triggers and knowing the proper skin care to deal with them. Then, come the prescriptions.”

We walked out of the office with a fluocinolone dermatitis scalp and body oil and a prescription hydrocortisone cream with a stronger steroid dosage than before. As soon as we got home, the oil worked wonders, and the new hydrocortisone cream didn’t bother her as much as a result. Her skin seemed to drink up the oil, and after a few days of thorough application, it was back to normal. A few days after that, it was the softest I’d ever seen it. We were astounded.

Two weeks later, we returned to Dr. Levine’s office so she could check to make sure everything was working properly. She was happy with the results and said we were now moving into the “maintenance phase” of our eczema journey.

We left with a non-steroid vitiligo cream, which we now apply twice a day to areas that are prone to flare-ups. Her advice for the future was this: When your daughter gets an exacerbation, act fast. She said we should have the oil on hand just in case and immediately use it twice a day if we see a breakout. “The sooner you use a steroid, the better,” she says. “A lot of people try to avoid using it, but in the end, they end up using it for longer. If you use it right away, as soon as you see the rash coming, you’ll only need it for a few days. The oil has a steroid in it. It’s mild enough for children, but even so, steroids shouldn’t be overused as they can thin and lighten the skin.”

Now that we had our marching orders, we felt equipped to deal with the problem. Dr. Levine then left us with some parting words: “Eczema is a roller coaster, there are ups and downs.” This really resonated with me, and even though I know we’re sure to have a few flare-ups and sleepless nights again at some point in the future, I’m happy that at least now we know how to survive the ride.
