

Ask the expert



Christine Clark
PHARMACIST

Christine is an independent pharmaceutical consultant with a particular interest in the care of people with skin conditions and in medication safety. She is also a regular contributor to Exchange.

Nipple eczema

Q My daughter Isobel has been suffering with eczema around her nipples but she didn't tell me about it until it had become quite severe. One nipple is much worse than the other. It is a wet, itchy, angry type of eczema. Isobel tells me that it is worse at night and is so wet that the top part of her bra sticks to her skin. We had an appointment to see the nurse about her asthma and while we were there I mentioned the eczema on her chest. The nurse prescribed some antimicrobial emollients and topical steroids. I think it is under control but what is the panel's view on treating nipple eczema?

Julie Van Onselen says: Your poor daughter – it is hard enough being a teenager with eczema, but having eczema in embarrassing areas must be mortifying. As a teenager, Isobel may well find that her eczema changes in nature and starts appearing on different parts of her body.

You describe Isobel's symptoms and it sounds like her nipple and surrounding skin may have initially been infected. If these symptoms recur, it would be advisable to treat the eczema with a topical steroid antibiotic combination cream. If this doesn't work, use topical steroids and oral antibiotics. The nipples are a sensitive area, so it's a good idea to have a short course of potent steroids and try to get on top of the eczema flare quickly, then to reduce to moderately potent or mild steroids as prescribed by your healthcare professional. Using stronger steroids for a short period of



Dr Donna Thompson
CONSULTANT DERMATOLOGIST

Dr Thompson is a Consultant Dermatologist who works at the Birmingham Skin Centre, City Hospital, in Birmingham. She has a special interest in skin conditions affecting children and provides a weekly Paediatric Dermatology clinic as well as a general dermatology service for adults.



Julie Van Onselen
DERMATOLOGY NURSE

Julie is an independent dermatology nurse and educator. Her clinical work is at Oxfordshire PCT dermatology clinic. She also works with the National Eczema Society providing training for healthcare professionals as well as patient education sessions and writing information articles and booklets.



time (typically up to 7 days) – even on an area of relatively thin skin – is preferable because, if the eczema is not treated adequately, the skin will split and be incredibly sore.

Antimicrobial emollients are also helpful when eczema is wet and weepy, but if they do not suit Isobel, she should moisturise the affected area regularly with her preferred emollient.

Bras may be contributing to irritation so, when Isobel's eczema is inflamed, she should only wear plain 100% cotton crop tops or bras with no seams or lacy decoration. If her eczema is wet and weepy, non-adherent pads can be worn inside her bra to stop any sticking. Encourage Isobel to sleep in her bra (again you can purchase simple cotton crop tops as 'sleep' bras), as it is important to keep her nipple area well protected and prevent damage from night-time scratching.

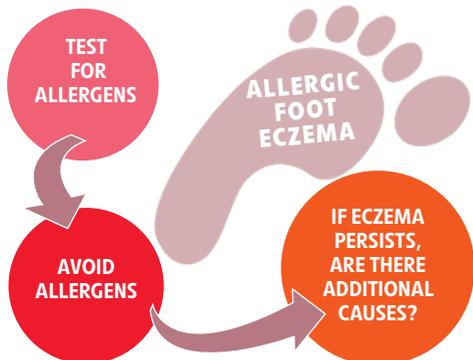
If Isobel continues to have ongoing problems with nipple eczema, you should discuss with her GP a referral to a dermatologist, so you can both be given more advice and support.

Shoes

Q I am the mother of an 8-year-old boy. My son has eczema and terrible problems with his feet, so we were referred to the hospital for patch tests. It turns out that he has allergies to nickel and chromate. We were pleased to get to the bottom of the problem, but trying to find suitable shoes without chromate is a big challenge. Does the panel have any practical advice on where to find school shoes and how to manage his foot eczema?

Dr Donna Thompson says: I am sorry to hear that you are having such a challenging time with your son's foot eczema. In the management of contact allergy of any kind, complete allergen avoidance is essential. Potassium dichromate is used in leather tanning, and finding suitable shoes for someone with a nickel and chromate allergy can be very difficult. Socks offer little protection as – if the feet perspire – sweat may cause the chromates to leach out onto the skin.

It is therefore important to wear leather that is vegetable- rather than chromate-tanned (you should avoid both chromate III and VI).



In practice it is very difficult to get accurate information about this, and shoes made of vegetable-tanned leather can be hard to source other than for babies and toddlers. Therefore plastic or fabric shoes may be your best option.

SATRA is a helpful UK-based organisation (www.satra.co.uk) that can give advice on technical specifications, research and testing on all types of manufactured products including shoes. On the SATRA website there is a link leading you directly to a bulletin on shoe allergy: www.satra.co.uk/bulletin/article_view.php?id=858 There is also a contact email for the organisation, which could be your next port of call to find a manufacturer of shoes made from vegetable-tanned leather.

In addition, because of the nickel allergy you will have to avoid shoes with buckles and lace-ups with metal eyelets for the laces.

If the foot eczema persists despite allergen avoidance, your doctor may consider additional causes for the problem, such as vesicular eczema, irritant contact dermatitis or infections.

Your son's specific shoe allergy has been diagnosed, but for other readers it is worth noting that allergy to footwear often results from materials such as rubber, leather, dyes and components of glues used to hold the shoe or footwear together. Metals such as nickel may also cause footwear-related allergy, especially in metal-capped or metal-reinforced shoes, as well as shoes that have metal buckles or other metal decorative parts that may come into contact with the skin. Occasionally, sachets in shoe boxes may contain an anti-mould agent such as dimethyl fumarate (DMF), which can be a sensitiser resulting in footwear contact allergy.

Sunscreens

Q We are going on holiday to Cyprus this summer. My daughter is 2 years old and has fairly severe atopic eczema. I tried to apply sunscreen last summer, but she screamed as it stung, so we used sun-protective clothes and hats instead. I think we should try to find a suitable sunscreen as she has ginger hair and blue eyes, so her skin is extremely fair. It would be very helpful to get some advice on finding a sunscreen that will not aggravate her eczema.



Christine Clark says: Sensitive skin can react to all sorts of things and finding a suitable sunscreen will be a matter of trial and error. However, a couple of things that you should look for are a mineral-based reflective sunscreen (titanium dioxide) and a product formulated for children or for sensitive skin, or both. Suitable products include Sensense Toddler Milk Sunscreen SPF 50, Nivea Sun Children's Pure & Sensitive Spray SPF50, and E45 Reflective Sunscreen Sun Lotion SPF30. As with any skin product, it is advisable to test a dab of it on the forearm and wait for 24 hours, just in case it causes a reaction or stings. Do this before you go away.

Many children's sunscreens are now formulated as sprays, and this makes them easier and more pleasant to apply. Some are also coloured, which makes it easy to see if any skin has been missed and also makes them fun to use. A sun protection factor (SPF) of 15 blocks 93% of UVB (the burning rays) while SPF 30 blocks 96% of UVB.

You should be sure to choose a product that also protects against UVA (the ageing rays) – often these are labelled 'broad spectrum' sunscreens. Follow the instructions on the pack and apply the product generously – most people apply too little sun cream for it to be effective. Nothing blocks 100% of the sun's rays so you should carry on using protective clothing and hats. Also, remember to reapply sun cream during the day, especially if your daughter has been in the sea or swimming pool.

Emollients should be applied in the morning before going outside. Let the emollient soak in for at least 10 minutes and apply sunscreen on top. This is important as any grease-based or oily cream emollients can cause a 'frying effect' and it is important that they have been absorbed into the skin before going out in the sun. Therefore only use a thin layer by day and apply them more generously at night.