



ECZEMA CHRONICUM INFANTUM

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**Synonyms:** Crusta lactea; Eczema pustulocrustosum; Milk crusts.

Eczema in its onset appears as an erythema, papules, vesicles, pustules or a combination of these. The lesions always itch. They tend to coalesce to form inflamed and infiltrated patches that scale or crust and crack, or become moist with a sticky yellow exudate. The evolution may be rapid or slow and the duration is indefinite. The distribution may be general or local and the particular region involved is often determined by the external causative factors. Certain types of eruption are prone to occur in certain localities. Facial eczema in infants that has lasted any time is very apt to become symmetrical and assume a pustulocrustaceous form quite distinctive in appearance. Upon the tumid, erythematous, raw and weeping base there form thick crusts composed of dried exudate, pus, blood and epithelial debris. Their color is yellow, greenish or brownish red according to the quantity of admixed pus and blood. The submaxillary glands are usually swollen but seldom suppurate. The itching is intense and the infant, if permitted, tears off the crusts with its finger nails, exposing the denuded oozing surface and producing immense excoriations. The ulceration is never sufficiently deep however to cause subsequent scarring. Oddly enough the skin below the eyes and about the nose and mouth often may be unaffected while the rest of the face is severely in-

involved. **DIAGNOSIS:** *Impetigo contagiosa* is the only other skin disease with which this form of eczema might be confused. But impetigo does not cause intense pruritus nor any infiltration of the tissues beneath the crusts, the individual lesions are often wide spread and do not tend to coalesce, and there is frequently a history of contagion. **TREATMENT:** Much stress is laid usually upon the necessity of regulating the bowels and diet. With fat infants reduction of the carbohydrates often proves beneficial. Of greater importance is it to prohibit the use of soap and water on or near the affected region. Crusts are to be softened by the application of compresses soaked in sweet oil, and then removed by gentle attrition. One per cent of carbolic acid may be added to the oil if that alone does not suffice to relieve the itching. The raw surface should be covered with a paste consisting of two drachms each of starch and zinc oxid and half an ounce of vaseline. It is best to smear the paste thickly on a mask made of several layers of soft cotton cloth in which apertures have been cut for the eyes, nose and mouth, and fasten the mask in place with a few turns of a bandage or by pinning it to a skull cap. The dressing is to be renewed daily and the old paste removed with oil, never with soap and water. It may be necessary to confine the hands of the baby or apply a light elbow splint to keep the fingers from the face.