



ATOPIC ECZEMA/DERMATITIS

EVALUATING AND COMPARING THE CLINICAL CHARACTERISTICS BETWEEN ADULT ONSET AND CHILDHOOD ONSET ATOPIC DERMATITIS IN AN ASIAN CLINICAL COHORT.

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Introduction: Recent evidence suggests that atopic dermatitis (AD) have different clinical presentations depending on age, age of onset and ethnicity. Compared to classical AD features, the “Asian phenotype” usually presents with more chronic, lichenified and psoriasiform lesions. There may also be clinical differences between adult and childhood onset disease.

Objective: To prospectively determine the prevalence of AD characteristics and compare differences by age of onset among a cohort of adult AD patients.

Materials and Methods: Consecutive AD patients attending the Adult Eczema clinic at a tertiary dermatology centre were recruited from March to August 2018. Basic demographic and clinical information were collected. Adult onset AD was defined as onset after 18 years old. Selected AD characteristics from Hanifin and Rajka criteria were examined by a dermatologist. Disease severity by Eczema Area and Severity Index (EASI), SCORAD and transepidermal water loss (TEWL) were measured. Data was analyzed using SPSS 25.0 for Windows.

Results: A total of 58 patients were recruited. Their age ranged from 21.0 to 78.0 years old. Most (87.9%) were Chinese, followed by Malays (10.3%). About one fifth (19.0%) have adult onset AD. The most prevalent AD features were pruritus (100%), xerosis (100%) and lichenification (94.8%). Certain AD features such as perifollicular accentuation (62.1%), papular lichenoid pattern (69.0%), dirty neck (60.3%) and nummular plaques (55.2%) were noted to be prevalent and more common among those with childhood onset AD. However, only Scalp eczema and head/neck involvement were significantly more common ($p=0.015$). Those with childhood onset AD also had a higher SCORAD, EASI and TEWL values.

Conclusions: AD patients with childhood onset disease persisting into adulthood may demonstrate more chronic and severe clinical features. Certain known “Asian” AD features are prevalent in our population. It is important to be cognizant of such information during diagnosis and assessment of AD patients.

