Bebeklerde cilt kuruluğu

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«Bu sunumu destekleyen firma veya ürünlerle herhangi bir finansal ilintim bulunmamaktadır»

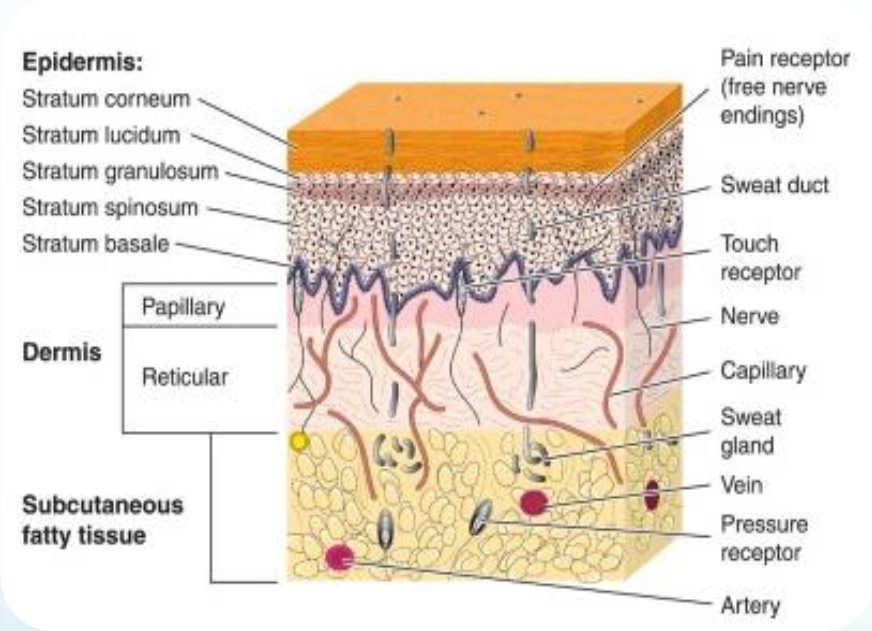
Dr. Didem ALİEFENDİOĞLU

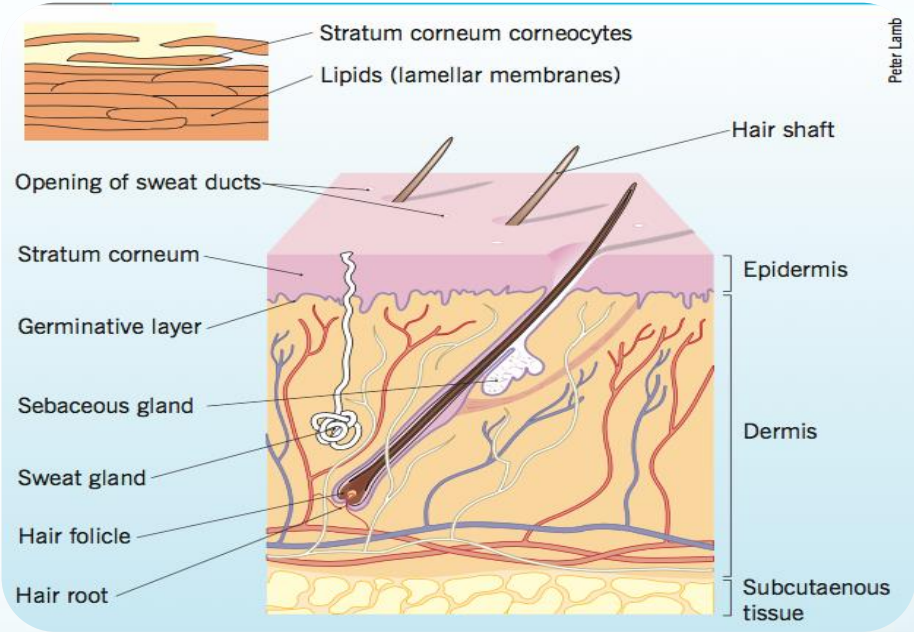
Cilt,

- Homeostaz
- Termoregülasyon
- Travma, toksinler ve UV koruma
- Vitamin sentezi
- İmmün yanıtın düzenlenmesi
- Sıvı elektrolit dengesinin düzenlenmesi
- Bariyer fonksiyonu

Yenidoğan cildinin özellikleri

Erişkin ve yenidoğan cilt yapısı





Yenidoğanlarda

- Doğal nemlendirici faktör ↓
- Yüzey pH'sı ↑

- Yüzey/volüm oranı ↑
- Cilt altı yağ dokusu ↓
- Cildin su içeriği ↑
- İlaç metabolizma sistemleri immatür

By Madlen Davies for MAILONLINE

Cilt bakımı ve bakım ürünleri

Bebeklerde cilt bakımı

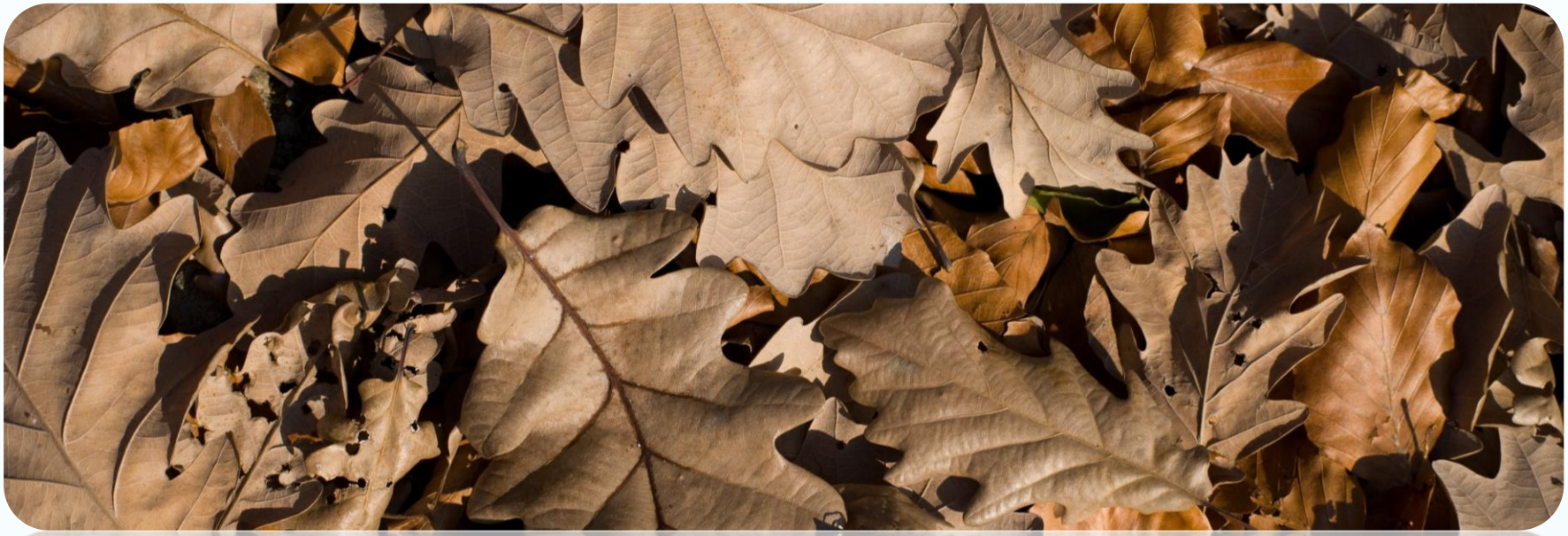
- Cilt temizliği
- Cildin neminin sürdürülmesi
- Cilt bariyerinin korunması
- Zarar vermemek

Cilt temizliği

- Sadece su
- Klasik sabun
- Sentetik temizleyici
- Banyo köpüğü
- Sıcak su
- Duş
- Küvet

Cilt temizliği - cildin bariyer fonksiyonu

- Klasik sabun kullanımı
- Banyo köpüğü kullanımı
- Banyo süresi
- Yıkamanın sıcak su ile yapılması
- Klorlu veya tuzlu suya maruziyet



- Stratum korneum hidrasyonunda azalma
- Bariyer hasarı
- Epidermal döngüde bozulma

Cilt kuruluğunun sebepleri

- Aile öyküsü
- Temizlik için kullanılan ajanlar (sabun ve deterjan)
  - pH'yı ↑
  - Lipid tabaka sentezinin inhibisyonu
  - Proteaz aktivitesinde ↑
- Alkol bazlı nemlendirici kullanımı
- Çevresel faktörler


Cilt kuruluğu
Kaşıntı
Epidermal mikrofissür

Cilt Kuruluğunu Azaltan Önlemler

Günlük pratikle ilgili değişiklikler

- Eğer cilt kuruluğu sık banyo gibi günlük aktivitelerden kaynaklanıyorsa düzenleme yapmak gerekir

Cilt temizliği ve banyo

- Banyo sayısı ve süresi
- Sentetik temizleyici kullanımı (pH 5.5-7.0)
- Banyo sırasında yağların kullanımı
- Nazikçe ve tamponlayarak kurulama
- Banyo sonrası nemlendirici kullanımı

Blume-Peytavi *et al* 2009

Emoliyentler (Nemlendiriciler)

- Krem veya merhem formunda
- Cildi nemlendirir ve bariyer fonksiyonunun sürmesine yardımcı olur
  - Humektan ve okluziv etki
- Anti-inflamatuvar, antimitotik, antipruritik, exfoliatif etkilere sahip

Voegeli 2007, Finlay 1997, Marks 1997, Cork 1998, Ersser *et al* 2007

- Nemlendiriciler banyo sırasında veya hemen sonra cilt nemli iken kullanılmalı
- Böylece cildin suyu tam olarak tutması sağlanır
- ??????????
- Amaç koruyucu tabakanın fonksiyonunu güçlendirmek ve epidermal tamiri hızlandırmaktır
- Banyo sırasında kullanılırsa da derideki kabukların uzaklaştırılmasını sağlar

Klasik sabunlar

- Cildi daha kuru ve hasara açık hale getirebilir

▼

- Epidermal bariyeri bozabilir
- Sadece su ile yıkama ???

Pediatric Dermatology

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Effect of Standardized Skin Care Regimens on Neonatal Skin Barrier Function in Different Body Areas

Natalie Garcia Bartels M.D., Ramona Scheufele M.Sc., Franziska Prosch M.D., Tania Schink Ph.D., Hans Proquitté M.D., Roland R. Wauer Ph.D., M.D., Ulrike Blume-Peytavi Ph.D., M.D.

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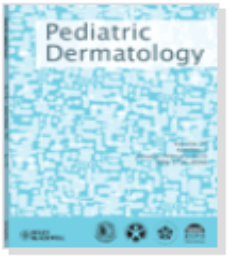

View issue TOC
Volume 27, Issue 1
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Abstract

Abstract: The effect of topical skin care products on neonatal skin barrier during first 8 weeks of life has not been scientifically evaluated. In a prospective, randomized clinical study, we compared the influence of three skin care regimens to bathing with water on skin barrier function in newborns at four anatomic sites. A total of 64 healthy, full-term neonates (32 boys and 32 girls) aged <48 hours were randomly assigned to four groups receiving twice-weekly: WG, bathing with wash gel (n = 16); C, bathing and cream (n = 16); WG + C, bathing with wash gel plus cream (n = 16); and B, bathing with water (n = 16). Transepidermal water loss, stratum corneum hydration, skin pH, sebum were measured on day 2, week 2, 4, 8 of life on front, abdomen, upper leg, and buttock. Skin condition was scored and microbiologic colonization was documented. After 8 weeks, group WG + C showed significantly lower transepidermal water loss on front, abdomen, and upper leg as well as higher stratum corneum hydration on front and abdomen compared with group B. Similarly, group C showed lower transepidermal water loss and higher stratum corneum hydration on these body regions. Group WG revealed significantly lower pH on all sites compared with group B at week 8. No differences in sebum level, microbiologic colonization and skin condition score were found. Skin care regimens did not harm physiologic neonatal skin barrier adaptation within the first 8 weeks of life. However, significant influence of skin care on barrier function was found in a regional specific fashion.

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Recommendations from a European Roundtable Meeting on Best Practice Healthy Infant Skin Care

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Banyo sonrası bakım

Original recommendation (Blume-Peytavi et al (3))	Revised recommendation	Evidence strength	Recommendation strength
Immediately cover the baby with a towel and pat dry	Babies should be immediately covered with a towel and patted dry	Low quality	Strong
Dress baby immediately after drying	Babies should be immediately **covered** after drying	Low quality	Strong
Changes to skin structure (e.g., dryness, fissures, flaking) should be treated with an emollient or a protective ointment (diaper area)	**An emollient or a protective ointment (diaper area) can be applied for physiological (transitory) skin dryness (see section on emollient care)**	Moderate quality	Strong
	Any pathological damage (e.g., fissures or flaking) should be referred to an appropriate medical professional	Low quality	Strong

Su/sıvı temizleyiciler

New recommendation	Evidence strength	Recommendation strength
Baby skin may be cleansed with water alone or by adding an appropriately formulated liquid cleanser* to water	Moderate quality	Strong
Appropriately designed liquid cleansers can be used without impairing the skin maturation process	Moderate quality	Strong
Parents and caregivers must read product instructions and abide by them; labels should be clear and easy to understand	Low quality	Strong
Products supported by robust clinical data should be selected over those that are not similarly developed	Low quality	Strong

*Liquid cleansers that are free of known irritants and neutral or mildly acidic (pH 5.5–7.0) or have minimal effect on the baby's skin surface pH

Bez bölgesi temizliği

Diaper area should be kept clean and dry	High quality	Strong
Diapers should be changed as often as necessary to ensure that skin is kept clean and dry	Moderate quality	Strong
Skin of the diaper area should be gently cleansed with cotton balls/squares or washcloth and water alone or using specifically designed wipes	Moderate quality	Strong
Appropriately designed wipes* can be used from birth	Moderate quality	Strong
Wipes can be used at each diaper change	Moderate quality	Weak
Drying can be achieved through air drying or gentle patting with a dry towel or dry cotton balls/squares	Moderate quality	Strong
Diaper area should be cleaned before bathing, if necessary	Moderate quality	Strong

*Wipes should contain pH buffers to maintain slight acidity of the skin and should be free of potential irritants such as alcohol, fragrance, essential oils, soap, and harsh detergents (e.g., sodium lauryl sulfate); they should contain well-tolerated preservatives.

Nemlendirici ve yağlar

New recommendation	Evidence strength	Recommendation strength
Recommendations for use of emollients		
Appropriately formulated emollients can be used to maintain or enhance skin barrier function	Low quality	Strong
Emollients can be used after bathing	Low quality	Strong
At least twice-weekly application of emollients should be considered	Low quality	Strong
Choice of emollient should be adapted to geographical location and seasonal variations	Low quality	Strong
Recommendations for topical application of oils		
Appropriately formulated baby oils can be lightly applied to skin for physiological (transitory) skin dryness	Low quality	Weak
A small amount of appropriately formulated baby oil can be applied to baby's bath, according to product usage recommendations	Low quality	Weak
Over-the-counter cooking or kitchen oils should not be used on baby's skin	Low quality	Strong

Prematürelerde nemlendirici kullanımı

Cochrane Library

Cochrane Database of Systematic Reviews

Topical emollient for preventing infection in preterm infants

Conclusions changed | Review | Intervention

Jemma Cleminson, William McGuire

First published: 29 January 2016

Authors' conclusions

The available data do not provide evidence that the use of emollient therapy prevents invasive infection or death in preterm infants in high-, middle- or low-income settings. Some evidence of an effect of topical vegetable oils on neonatal growth exists but this should be interpreted with caution because lack of blinding may have introduced caregiver or assessment biases. Since these interventions are low cost, readily accessible, and generally acceptable, further randomised controlled trials, particularly in both community- and health care facility-based settings in low-income countries, may be justified.

Nemlendiriciler

- Atopik dermatit geliştirme riski yüksek olan bebeklerde ??????

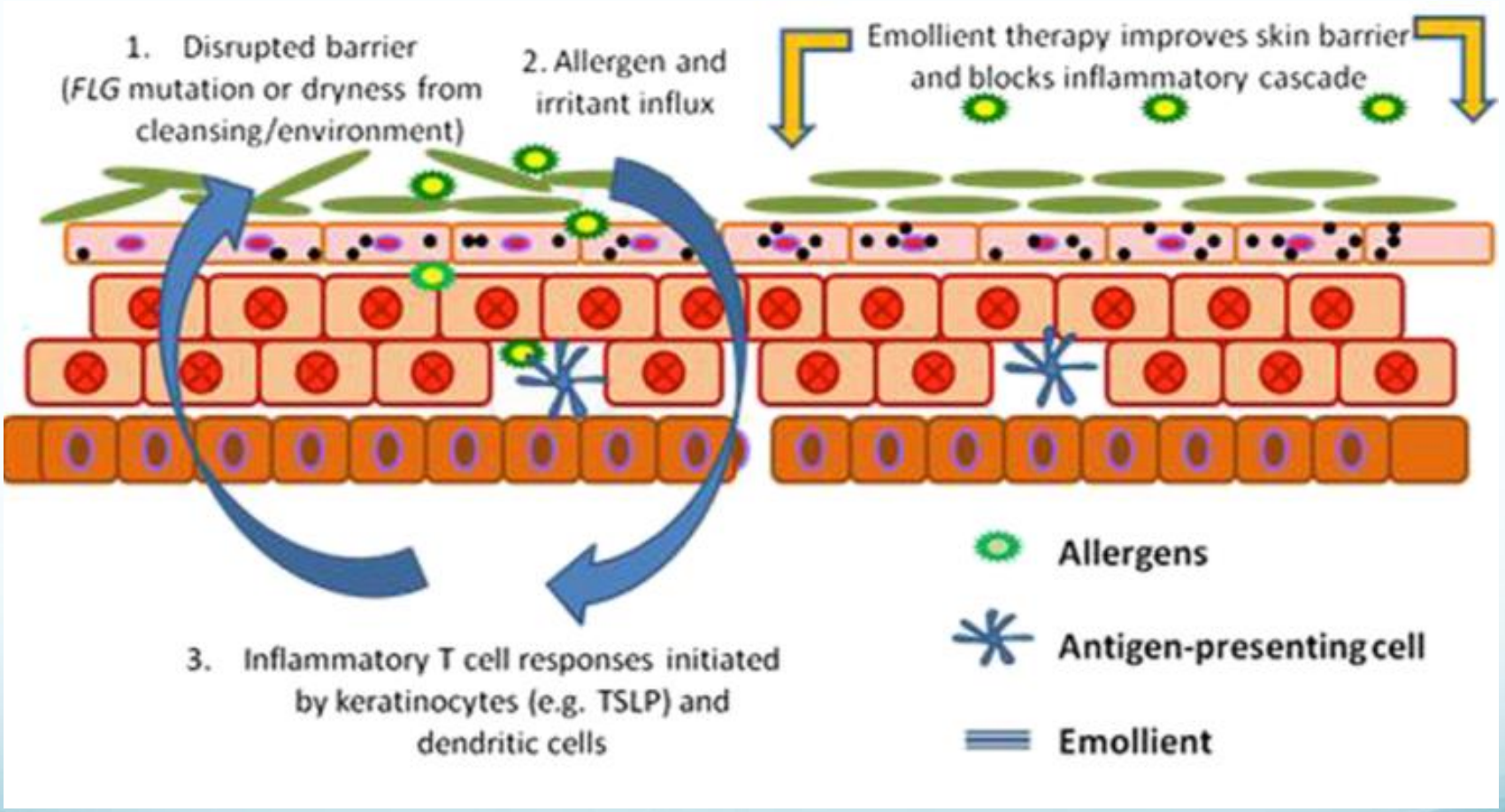
Atopic dermatitis and skin disease

Emollient enhancement of the skin barrier from birth offers effective atopic dermatitis prevention

Eric L. Simpson, MD, MCR,[a] Joanne R. Chalmers, PhD,[b] Jon M. Hanifin, MD,[a] Kim S. Thomas, PhD,[b] Michael J. Cork, PhD, FRCP,[c] W. H. Irwin McLean, FRSE, FMedSci,[d] Sara J. Brown, MRCP, MD,[d] Zunqiu Chen, MS,[e] Yiyi Chen, PhD,[f] and Hywel C. Williams, DSc, FMedSci[b] *Portland, Ore, and Nottingham, Sheffield, and Dundee, United Kingdom*

(J Allergy Clin Immunol 2014;134:818-23.)

- RKÇ
- Amerika ve İngiltere
- Atopik dermatit riski ↑ yenidoğanlar (n=55 x n=53)
- Günde 1 kez 6 ay nemlendirici kullanımı
- Parfümsüz sentetik temizleyici ve şampuan
- Sabun, banyo köpüğü ve banyo yağı yok
- Atopik dermatit kümülatif insidansında % 50 ↓


1. Disrupted barrier
(*FLG* mutation or dryness from cleansing/environment)
2. Allergen and irritant influx
Emollient therapy improves skin barrier and blocks inflammatory cascade
3. Inflammatory T cell responses initiated by keratinocytes (e.g. TSLP) and dendritic cells
Allergens
Antigen-presenting cell
Emollient

Clinical implications: Emollient therapy from birth represents a novel approach to atopic dermatitis primary prevention. We anticipate these data will encourage larger trials of this approach in various populations.

Application of moisturizer to neonates prevents development of atopic dermatitis

Kenta Horimukai, MD,[a]* Kumiko Morita, MD,[a]* Masami Narita, MD, PhD,[a] Mai Kondo, MD,[a] Hiroshi Kitazawa, MD, PhD,[a] Makoto Nozaki, MD,[b] Yukiko Shigematsu, MD,[b] Kazue Yoshida, MD, PhD,[b] Hironori Niizeki, MD, PhD,[b] Ken-ichiro Motomura, MD,[c] Haruhiko Sago, MD, PhD,[c] Tetsuya Takimoto, MD, PhD,[d] Eisuke Inoue, PhD,[d] Norio Kamemura, PhD,[e] Hiroshi Kido, MD, PhD,[e] Junzo Hisatsune, PhD,[f] Motoyuki Sugai, DDS, PhD,[f] Hiroyuki Murota, MD, PhD,[g] Ichiro Katayama, MD, PhD,[g] Takashi Sasaki, PhD,[h] Masayuki Amagai, MD, PhD,[h] Hideaki Morita, MD, PhD,[i] Akio Matsuda, PhD,[i] Kenji Matsumoto, MD, PhD,[i] Hirohisa Saito, MD, PhD,[i] and Yukihiro Ohya, MD, PhD[a] *Tokyo, Tokushima, Hiroshima, and Osaka, Japan*

J Allergy Clin Immunol 2014;134:824-30

- RKÇ
- Japonya
- Atopik dermatit riski ↑ yenidoğanlar (n=59 x n=59)
- Günde 1 kez 32 hafta nemlendirici kullanımı
- 4, 12, 24, 32. haftalarda kontrol
- Çalışma grubunda atopik dermatit % 32 ↓

Clinical implications: Daily application of emollient reduces the risk of AD/eczema by 32 weeks. We might be able to reduce the prevalence of allergic sensitization by preventing the development of AD/eczema.

Atopik dermatit

Atopik dermatit

- Bebeklerde en sık görülen cilt sorunu
- En önemli bulgusu cilt kuruluğu
- Sıklık giderek artmakta
- Bebek ve çocuklarda % 20-25
- Kızarıklık, cilt kuruluğu ve kaşıntılı lezyonlarla kendini gösteren kronik inflamatuvar bir deri hastalığı

Cork and Danby 2009

- Genetik
- Çevresel faktörler
  - Sabun ve deterjanlar, allerjenler, *Staphylococcus aureus*

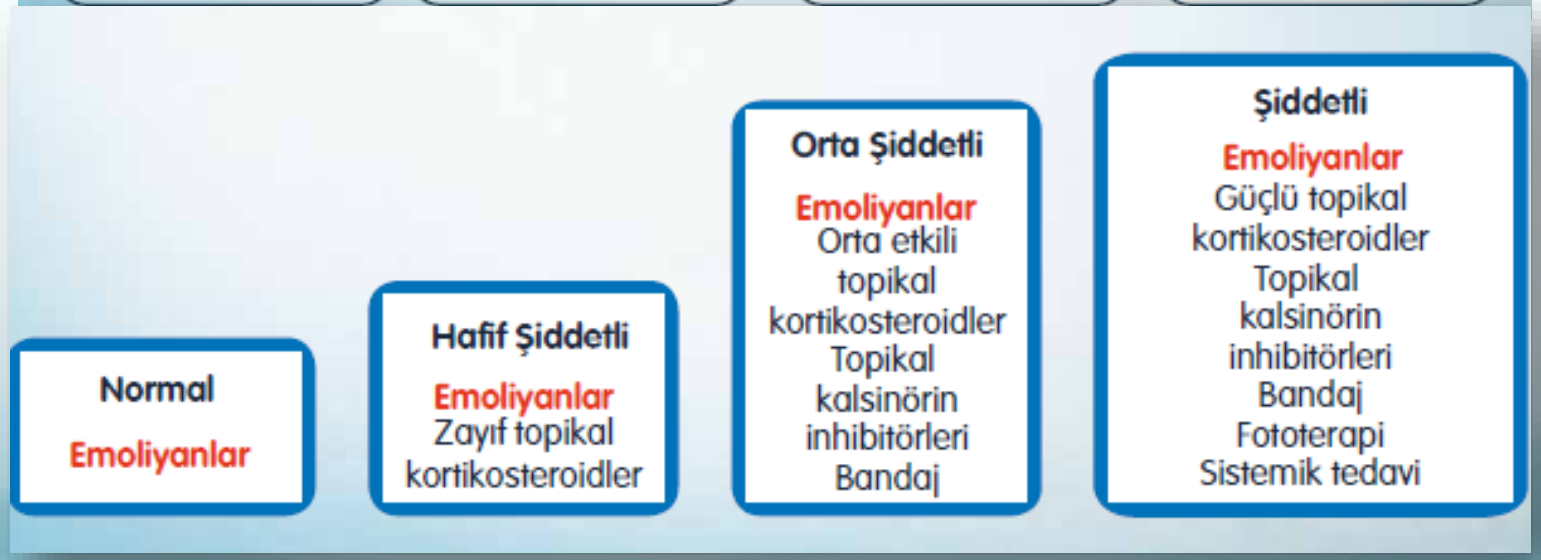
Atopik dermatit

NICE Tedavi Kılavuzu

Atopik dermatit sınıflandırması

Normal	Hafif şiddetli	Orta şiddetli	Şiddetli
• Normal cilt • Aktif atopik egzama kanıtı yok	• Ciltte kurumuş alanlar • Seyrek kaşıntı (küçük kızarıklar var veya yok)	• Ciltte kurumuş alanlar • Sık kaşıntı • Kızarıklık (deri sıyrılması ve lokalize deri kalınlaşması var veya yok)	• Ciltte geniş kurumuş alanlar • Sürekli kaşıntı • Kızarıklık (deri sıyrılması, aşırı deri kalınlaşması, kanama, sızıntı, çatlama ve pigmentasyon değişimi var veya yok)

Atopik dermatit tedavi basamakları



1. Atopic eczema in under 12s. https://www.nice.org.uk/guidance/qs44 (Son erişim tarihi: Kasım 2016).

Emoliyentler

- Nemlendirme
- Bariyer fonksiyonunun düzeltilmesi
- İrritasyonun azalması

- Anti-inflamatuvar, antimitotik, antipruritik ve exfoliatif etkilere sahip

Voegeli 2007, Finlay 1997, Marks 1997, Cork 1998, Ersser *et al* 2007

Teşekkürler