

## EPIDEMIOLOGY OF ECZEMA

**Herasymova I. V., Yarnykh T. G., Volkova A. V.**

*National University of Pharmacy of the Ministry of Health of Ukraine,  
Kharkiv, Ukraine*

*iryna\_herasymova@ukr.net*

The problem of eczema is the most important in dermatology. Over the past 10 years, there has been a significant increase in the incidence of allergic dermatoses. Most of the incidence of allergic dermatoses is represented by eczema and is about 30-40%. Eczema is recorded in all countries and in all races with the same frequency in both men and women.

The disease can occur both in early childhood and in the elderly. The peak incidence is observed at the age of about 40 years. Among hospitalized in a dermatological hospital, patients with eczema account for about 10%.

Despite the relatively high incidence of eczema, there are no exact data on its prevalence. This can be explained by the fact that there is no universally accepted definition of eczema and clear diagnostic criteria, not all patients seek medical help.

Allergic skin diseases occupy one of the leading places among dermatoses, of which eczema is the most common. However, it should be noted that in foreign countries, chronic eczema is not classified as an independent nosology and most foreign authors use the term "eczema" as a synonym for "atopic dermatitis".

Nevertheless, foreign researchers distinguish eczema with a predominant lesion of the hands, which is considered the most common among skin diseases.

Eczema is a common skin disease derived from the Greek *eczeo* (to flare up).

For the first time the term "eczema" appeared in 543 at the Greek physician Aetius from Amida. Although the term "eczema" has long been used entirely for other skin diseases, nothing to do with those that we now refer to eczema. Over the centuries, the content of this concept has changed and continuously improved.

Only in 1808 the English physician P. Willen first described eczema, combining by this term four forms of the eczematous process. Bateman in 1813 singled out eczema as a separate nosology. In the middle of the 19th century, Dühring wrote that patients with eczema make up 40% of all patients with skin diseases. In 1984, Unna P.G. pointed to spongiosis as the most characteristic and certainly obligatory change in the epidermis in eczema. In 1899, the Hungarian doctor Kaposhin M. determined the stages of the clinical development of eczema: erythema, edema, papules, vesicles, crusts, scales, etc. At the beginning of the 20th century, the work of Jadassohn J. confirmed the opinion of Herba F. that eczema can cause contact with chemicals. These ideas were further developed in the works of Bloch B. in 1924, who revealed skin hypersensitivity to iodine, formalin, quinine salvarsan. Fuchs H. and Kumer L. wrote that every eczema is dermatitis, but dermatitis is not eczema.

Thus, the statement in the XX century of the concept of J. Jadassohn and B. Bloch about eczema as a result of an immunopathological reaction did not lead to the creation of a unified classification of eczema and eczematous reactions.

Therefore, the purpose of our further work will be the development of an extemporal ointment for the treatment of eczema.